

2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A07000000774

FILED
Jul 10, 2008
Secretary of State

Entity Name: WEST BOYNTON MEDICAL CENTER, LTD.

Current Principal Place of Business:

155 NORTH CONGRESS AVENUE
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

2015 OCEAN DRIVE
SUITE 8
BOYNTON BEACH, FL 33426 US

Current Mailing Address:

155 NORTH CONGRESS AVENUE
BOYNTON BEACH, FL 33436 US

New Mailing Address:

2015 OCEAN DRIVE
SUITE 8
BOYNTON BEACH, FL 33426 US

FEI Number: 26-0405298 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

FEIN, ANDREW K
980 N FEDERAL HIGHWAY
SUITE 412
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: L05000097786
Name: WEST BOYNTON MEDICAL CENTER, LLC
Address: 155 NORTH CONGRESS AVENUE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDRESS CHANGES ONLY:

Address: 2015 OCEAN DRIVE SUITE 8
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MARTY JACOB AS MANAGER

Electronic Signature of Signing General Partner

07/10/2008

Date