

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000774

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** WEST BOYNTON MEDICAL CENTER, LTD.

**Current Principal Place of Business:**

2015 OCEAN DRIVE  
SUITE 8  
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

**Current Mailing Address:**

2015 OCEAN DRIVE  
SUITE 8  
BOYNTON BEACH, FL 33426 US

**New Mailing Address:**

**FEI Number:** 26-0405298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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: MARTIN JACOBS

PTR

01/15/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date