

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000001033**

1. Entity Name  
**THE OUTPATIENT CENTER OF BOYNTON BEACH, LTD.**



Principal Place of Business  
**2351 SOUTH SEACREST BOULEVARD  
BOYNTON BEACH, FL 33435**

Mailing Address  
**2351 SOUTH SEACREST BOULEVARD  
BOYNTON BEACH, FL 33435**



02052007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FLI Number  
**65-0440864**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MENKHAUS, DAVID J  
2424 NORTH FEDERAL HWY. #456  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **S29586**  
NAME **TRALIS, INC.**  
STREET ADDRESS **2351 SOUTH SEACREST BOULEVARD**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

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03/13/07-80065-001 550.00

**DO NOT WRITE  
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**02/26/07 561-740-2900**

Date

Daytime Phone #

STAPLE CHECK HERE