


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000021814
 1. Entity Name
 BOCA HEALTH SPECIALISTS, L.L.C.



Principal Place of Business 670 GLADES RD 320 BOCA RATON, FL 33431	Mailing Address 670 GLADES RD 320 BOCA RATON, FL 33431
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01102006No Chg-LLC CR2E083 (11/05)

4. FEI Number 80-0021549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 RHEINGOLD, OWEN J M.D.
 10491 STONEBRIDGE BLVD.
 BOCA RATON, FL 33498

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RHEINGOLD, OWEN J 10491 STONEBRIDGE BOULEVARD BOCA RATON, FL 33498
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Owen J Rheingold* Date: 1/10/06 Daytime Phone #: 561-395-9225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE