

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000355

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: WEST BOCA EMS, MM, L.C.

## Current Principal Place of Business:

3900 HOLLYWOOD BLVD., STE. 101  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

3900 HOLLYWOOD BLVD  
SUITE 101  
HOLLYWOOD, FL 33021

## Current Mailing Address:

3900 HOLLYWOOD BLVD., STE. 101  
HOLLYWOOD, FL 33021

## New Mailing Address:

3900 HOLLYWOOD BLVD  
SUITE 101  
HOLLYWOOD, FL 33021

FEI Number: 73-1687637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STERN, STEVEN  
3900 HOLLYWOOD BLVD., STE. 101  
HOLLYWOOD, FL 33021

## Name and Address of New Registered Agent:

STERN, STEVEN  
3900 HOLLYWOOD BLVD  
SUITE 101  
HOLLYWOOD, FL 33021

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:

04/26/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: QUALITY HEALTHCARE L, P LLLP  
Address: HOLLYWOOD BLVD #101  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 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: ARTHUR DISKIN

P

04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date