

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052220

Entity Name: BOSON PROPERTIES, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

951 NW 13TH ST, STE 1C
BOCA RATON, FL 33486

New Principal Place of Business:

951 NW 13TH ST
SUITE @1C
BOCA RATON, FL 33486

Current Mailing Address:

PO BOX 810969
BOCA RATON, FL 33481

New Mailing Address:

FEI Number: 20-0479472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KLEINMAN, JOSEPH H MD
951 NW 13TH STREET
BOCA RATON, FL 33486 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KLEINMAN, JOSEPH H M.D.
Address: 951 NW 13 STREET, SUITE 1C
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Delete
Name: JIMENEZ, CARLOS J M.D.
Address: 951 NW 13 STREET, SUITE 1C
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Delete
Name: NEEDELL, STEVEN D M.D.
Address: 951 NW 13 STREET, SUITE 1C
City-St-Zip: BOCA RATON, FL 33486

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: KHORIATY, GEORGE M.D.
Address: 951 NW 13TH STREET, SUITE #1C
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Change (X) Addition
Name: MCFEE, WILLIAM H MD
Address: 951 NW 13TH STREET, SUITE #1C
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Change (X) Addition
Name: RUDENSKY, DANIEL E MD
Address: 951 NW 13TH STREET, SUITE #1C
City-St-Zip: BOCA RATON, FL 33486

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 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: JOSEPH H. KLEINMAN, M.D.

MGR

04/28/2009

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