

LD5000062374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

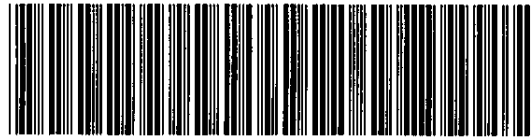
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BOYNTON BEACH MEDICAL CENTER, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID FELKER

(Name of Person)

BOYNTON BEACH MEDICAL CENTER, LLC

(Firm/Company)

10151 ENTERPRISE CENTER BLVD SUITE 110

(Address)

BOYNTON BEACH, FLORIDA 33437

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID FELKER

(Name of Person)

at ( 561 ) 735-0250

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2007

DAVID FELKER  
10151 ENTERPRISE CENTER BLVD.  
SUITE 110  
BOYNTON BEACH, FL 33437

SUBJECT: BOYNTON BEACH MEDICAL CENTER LLC  
Ref. Number: L05000062374

We have received your document for BOYNTON BEACH MEDICAL CENTER LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file the Change of Registered Agent and update the managers/managing members, a fee of \$25.00 must be submitted with EACH filing. All changes may be made on the enclosed amended annual report and the fee paid may be applied to that.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Document Specialist

Letter Number: 807A00057281

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: BOYNTON BEACH MEDICAL CENTER, LLC

2. The mailing address of the limited liability company is : 1325 SOUTH CONGRESS AVENUE  
SUITE 111 BOYNTON BEACH FL 33426

6/22/05

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

ROBERT GOLD

Name

1325 SOUTH CONGRESS AVENUE

Address

SUITE 111 BOYNTON BEACH FL 33426

City, State and Zip

6. The name and address of the new registered agent and/or office:

DAVID FELKER - BBMC

Name

10151 ENTERPRISE CENTER BLVD SUITE 110

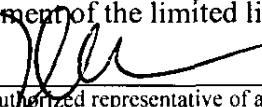
Florida street address (P.O. Box **NOT** acceptable)

BOYNTON BEACH FL 33437

City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

ROBERT GOLD

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**

**STATEMENT OF CHANGE OF PRINCIPAL PLACE OF BUSINESS  
AND  
STATEMENT OF CHANGE OF MAILING ADDRESS**

Per our conversation with the Florida Department of State the  
following letter has been prepared for the following  
Limited Liability Company

**BOYNTON BEACH MEDICAL CENTER, LLC**

is hereby changing its Principal Place of Business  
and Mailing Address from

1325 South Congress Avenue  
Suite 111  
Boynton Beach, Florida 33426

to

10151 Enterprise Center Blvd. Suite 110  
Boynton Beach, Florida 33437



David Felker

Signature of Member of Boynton Beach Medical Center, LLC

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