

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062374

FILED
Apr 29, 2009
Secretary of State

Entity Name: BOYNTON BEACH MEDICAL CENTER LLC

Current Principal Place of Business:

10151 ENTERPRISE CENTER BLVD., STE. 110
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

10151 ENTERPRISE CENTER BLVD., STE. 110
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 20-3045691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIENER, MARLYN J ESQ.
6111 BROKEN SOUND PARKWAY NW, STE. 330
BOCA RATON, FL 33487 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: ARMAS, ARMANDO
Address: 10151 ENTERPRISE CENTER BLVD., STE. 102
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR () Delete
Name: FELKER, DAVID
Address: 10151 ENTERPRISE CENTER BLVD., STE. 209
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR () Delete
Name: RUBIN, STUART
Address: 10151 ENTERPRISE CENTER BLVD., STE. 107
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR () Delete
Name: MAHOWALD, PAUL
Address: 6400 CONGRESS AVE., SUITE 1400
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: BRESKY, KENNETH
Address: 10151 ENTERPRISE CENTER BLVD., STE. 108
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SKINNER, WILLIAM
Address: 10151 ENTERPRISE CENTER BLVD., STE. 201
City-St-Zip: BOYNTON BEACH, FL 33437

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 (X) Change () Addition
Name: HELLMAN, DAVID
Address: 10151 ENTERPRISE CENTER BLVD., STE. 103
City-St-Zip: BOYNTON BEACH, FL 33437

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: DAVID FELKER

MGR

04/29/2009

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