

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>DOCUMENT # L06000038195</b>                                                          |                                                                             |
| 1. Entity Name<br>BOCA RATON PHYSICIAN GROUP, LLC                                       |                                                                             |
|        |                                                                             |
| Principal Place of Business<br>1905 CLINT MOORE ROAD, SUITE 201<br>BOCA RATON, FL 33496 | Mailing Address<br>1905 CLINT MOORE ROAD, SUITE 201<br>BOCA RATON, FL 33496 |



02292008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|                                                                                          |                               |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>20-4704017                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

**6. Name and Address of Current Registered Agent**

KRUMHOLTZ, SEBA  
1905 CLINT MOORE ROAD  
201  
BOCA RATON, FL 33496

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IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

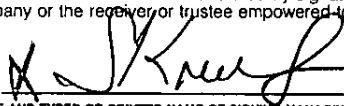
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

|                |                                  |
|----------------|----------------------------------|
| TITLE          | VP                               |
| NAME           | SONNEBORN, ROBERT                |
| STREET ADDRESS | 1905 CLINT MOORE BLVD, SUITE 201 |
| CITY-ST-ZIP    | BOCA RATON, FL 33496             |
| TITLE          | P                                |
| NAME           | KRUMHOLTZ, SEBA                  |
| STREET ADDRESS | 1905 CLINT MOORE BLVD, SUITE 201 |
| CITY-ST-ZIP    | BOCA RATON, FL 33496             |
| TITLE          | T                                |
| NAME           | FRIEDMAN, MARK                   |
| STREET ADDRESS | 1905 CLINT MOORE BLVD, SUITE 201 |
| CITY-ST-ZIP    | BOCA RATON, FL 33496             |
| TITLE          | S                                |
| NAME           | RUBIN, GLENN                     |
| STREET ADDRESS | 1905 CLINT MOORE BLVD, SUITE 201 |
| CITY-ST-ZIP    | BOCA RATON, FL 33496             |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |

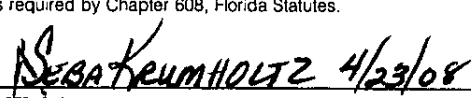
**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

 **SEBA KRUMHOLTZ** 4/23/08 561-994 5753