2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000038195

1. Entity Name
BOCA RATON PHYSICIAN GROUP, LLC

Principal Place of Business	Mailing Address
1905 CLINT MOORE ROAD, SUITE 201 BOCA RATON, FL 33496	1905 CLINT MOORE ROAD, SUITE 201 BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

02292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4704017
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	

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05/20/08-80082-013 150.00

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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] Seba Krumholtz 4/23/08 561-994 6754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #