

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038195

FILED
Apr 21, 2009
Secretary of State

Entity Name: BOCA RATON PHYSICIAN GROUP, LLC

Current Principal Place of Business:

1905 CLINT MOORE ROAD, SUITE 201
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

1905 CLINT MOORE ROAD, SUITE 201
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 20-4704017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUMHOLTZ, SEBA
1905 CLINT MOORE ROAD
201
BOCA RATON, FL 33496 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: VP () Delete
Name: SONNEBORN, ROBERT
Address: 1905 CLINT MOORE BLVD, SUITE 201
City-St-Zip: BOCA RATON, FL 33496

Title: P () Delete
Name: KRUMHOLTZ, SEBA
Address: 1905 CLINT MOORE BLVD, SUITE 201
City-St-Zip: BOCA RATON, FL 33496

Title: T () Delete
Name: FRIEDMAN, MARK
Address: 1905 CLINT MOORE BLVD, SUITE 201
City-St-Zip: BOCA RATON, FL 33496

Title: S () Delete
Name: RUBIN, GLENN
Address: 1905 CLINT MOORE BLVD, SUITE 201
City-St-Zip: BOCA RATON, FL 33496

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

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: ROBERT SONNEBORN

VP

04/21/2009

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