FILED
May 22, 2007 8:00 am
Secretary of State
04-24-2007 90110 048 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000078440

1. Entity Name
BOCA THORACIC & CARDIOVASCULAR SURGERY, LLC

Principal Place of Business	Mailing Address
800 MEADOWS ROAD BOCA RATON, FL 33486	C/O PAUL E. RISNER 800 MEADOWS ROAD BOCA RATON, FL 33486 Boca Raton Community Hospital

04052007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-534-7210 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PROM, STEPHEN G ESQ 50 NORTH LAURA STREET STE 2500 JACKSONVILLE, FL 32202	Name: Paul E. Risner, SVP & Gen. Counsel Street Address (P.O. Box Number is Not Acceptable): Boca Raton Community Hospital 800 Meadows Road City: Boca Raton, Florida FL Zip Code: 33486

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] ____ DATE ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Boca Raton Community Hospital, Inc 800 Meadow Road Boca Raton, FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] Vice President, Secretary 4/9/07 (561) 955-4288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #