

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071460

FILED
Jan 13, 2008
Secretary of State

Entity Name: FAMILY MEDICINE OF BOCA RATON ASSOCIATES, LLC

Current Principal Place of Business:

5458 TOWN CENTER ROAD
SUITE 21
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

5458 TOWN CENTER ROAD
SUITE 21
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 26-0504515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEIMARK, CORT ESQ.
100 SE 3RD AVENUE
SUITE 1100
FORT LAUDERDALE, FL 33394 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: MGRM () Delete
Name: FLECK, LAUREEN
Address: 21401 GOSIER WAY
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES:

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: LAUREEN FLECK

PTNR

01/13/2008

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