

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000071460

**FILED**  
**Apr 04, 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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FLECK, LAUREEN M  
Address: 21401 GOSIER WAY  
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM ( ) Change (X) Addition  
Name: WILLEY, MICHELE E  
Address: 5458 TOWN CENTER ROAD SUITE 21  
City-St-Zip: BOCA RATON, FL 33486

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 M FLECK

MGRM

04/04/2008

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