

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109928

FILED
Apr 14, 2009
Secretary of State

Entity Name: ADVANCED MEDICAL OFFICE BUILDINGS OF WEST BOYNTON, LLC

Current Principal Place of Business:

1601 CLINT MOORE ROAD STE 170
BOCA RATON, FL 33487

New Principal Place of Business:

1601 CLINT MOORE ROAD
SUITE 212
BOCA RATON, FL 33487

Current Mailing Address:

1601 CLINT MOORE ROAD STE 170
BOCA RATON, FL 33487

New Mailing Address:

1601 CLINT MOORE ROAD
SUITE 212
BOCA RATON, FL 33487

FEI Number: 26-1471777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NACHLAS, NATHAN E
1601 CLINT MOORE ROAD STE 170
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

NACHLAS, NATHAN E
1601 CLINT MOORE ROAD
SUITE 170
BOCA RATON, FL 33487 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAHOWALD, PAUL
Address: 1601 CLINT MOORE ROAD STE 170
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: NACHLAS, NATHAN E
Address: 1601 CLINT MOORE ROAD STE 170
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: SCHLOSSER, MARC
Address: 1601 CLINT MOORE ROAD STE 170
City-St-Zip: BOCA RATON, FL 33487

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:

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: PAUL MAHOWALD

COO

04/14/2009

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