2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

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1. Entity Name
ASSOCIATED FAMILY PHYSICIANS OF BOCA RATON, P.L.

Principal Place of Business	Mailing Address
9910 SANDLEFOOT BLVD., SUITE 1 BOCA RATON, FL 33428-6692	9910 SANDLEFOOT BLVD., SUITE 1 BOCA RATON, FL 33428-6692

DO NOT WRITE IN THIS SPACE

01072004No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0885455
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KORNBERG, JOEL M.D.
7301-A WEST PALMETTO PARK ROAD, SUITE 305C
BOCA RATON, FL 33433

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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 _____ 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, 2004

000000086694
03/12/04-80034-005 150.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LYNDA ALTMAN, M.D., P.A.
STREET ADDRESS	9910 SANDLEFOOT BLVD., SUITE 1
CITY-ST-ZIP	BOCA RATON, FL 334286692
TITLE	MGR
NAME	UTAMSINGH, DUSHYANT
STREET ADDRESS	9910 SANDALFOOT BLVD. SUITE 1
CITY-ST-ZIP	BOCA RATON, FL 334286692
TITLE	MGR
NAME	MITCHELL E. GOLDSTEIN, D.O., P.A.
STREET ADDRESS	9910 SANDLEFOOT BLVD., SUITE 1
CITY-ST-ZIP	BOCA RATON, FL 334286692
TITLE	MGR
NAME	BARRUW, OWEN A MD, PA
STREET ADDRESS	9910 SANDALFOOT BLVD., SUITE 1
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lynda Altman MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #