2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L9900000135

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

FILED Jan 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9910 SANDLEFOOT BLVD., SUITE 1 9910 SANDALFOOT BLVD. BOCA RATON, FL 334286692

SUITE 1

BOCA RATON, FL 334286692

Current Mailing Address: New Mailing Address:

9910 SANDLEFOOT BLVD., SUITE 1 9910 SANDALFOOT BLVD. BOCA RATON, FL 334286692 SUITE 1

BOCA RATON, FL 334286692

FEI Number: 65-0885455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

B&C CORPORATE SERVICES, INC 100 S.E. THIRD AVENUE, STE. 2700 FORT LAUDERDALE, FL 33394

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/MEMBERS:

() Delete LYNDA ALTMAN, M.D.,, P.A. Name: 9910 SANDLEFOOT BLVD., SUITE 1 Address: City-St-Zip: BOCA RATON, FL 334286692

Title: MGR () Delete UTAMSINGH, DUSHYANT Name: Address: 9910 SANDALFOOT BLVD. SUITE 1

City-St-Zip: BOCA RATON, FL 334286692

Title: MGR () Delete

MITCHELL E. GOLDSTEI, N, D.O., P.A. Name: 9910 SANDLEFOOT BLVD., SUITE 1 Address: City-St-Zip: BOCA RATON, FL 334286692

Title: MGR () Delete Name: BARRUW, OWEN A MD, PA 9910 SANDALFOOT BLVD., SUITE 1 Address:

BOCA RATON, FL 33428 City-St-Zip:

ADDITIONS/CHANGES:

Title: (X) Change () Addition LYNDA ALTMAN, M.D.,, P.A. Name: Address: 9910 SANDALFOOT BLVD., SUITE 1 City-St-Zip: BOCA RATON, FL 334286692

Title: (X) Change () Addition Name: DUSHYANT J. UTAMSING, H, M.D., P.A. Address: 9910 SANDALFOOT BLVD. SUITE 1 City-St-Zip: BOCA RATON, FL 334286692

Title: (X) Change () Addition MITCHELL E. GOLDSTEI, N, D.O., P.A. Name: 9910 SANDALFOOT BLVD., SUITE 1 Address: City-St-Zip: BOCA RATON, FL 334286692

Title: MGR (X) Change () Addition Name: OWEN A. BARRUW, M.D., ,P.A. 9910 SANDALFOOT BLVD., SUITE 1 Address:

City-St-Zip: BOCA RATON, FL 33428

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNDA ALTMAN, M.D., P.A. 01/14/2005