

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000135

FILED
Jan 04, 2007
Secretary of State

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

Current Principal Place of Business:

9910 SANDALFOOT BLVD.
SUITE 1
BOCA RATON, FL 334286692

New Principal Place of Business:

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

Current Mailing Address:

9910 SANDALFOOT BLVD.
SUITE 1
BOCA RATON, FL 334286692

New Mailing Address:

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

FEI Number: 65-0885455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B & C CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER, 21ST FL
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131 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: MGR () Delete
Name: LYNDAL ALTMAN, M.D., P.A.
Address: 9910 SANDALFOOT BLVD., SUITE 1
City-St-Zip: BOCA RATON, FL 334286692

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

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

Title: MGR () Delete
Name: OWEN A. BARRUW, M.D., P.A.
Address: 9910 SANDALFOOT BLVD., SUITE 1
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: DUSHYANT J. UTAMSING, H, M.D., P.A.
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Title: MGR (X) Change () Addition
Name: OWEN A. BARRUW, M.D., P.A.
Address: 9910 SANDALFOOT BLVD., SUITE 1
City-St-Zip: BOCA RATON, FL 33428 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNDAL ALTMAN, M.D., P.A.

MGR

01/04/2007

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