

2000 UNIFORM BUSINESS REPORT (UBR)

L99000008586

DOCUMENT #

1. Entity Name

BOYNTON WEST MEDICAL CENTER, LLC

FILED

May 01 2000 8:00 am

Secretary of State

Principal Place of Business

Mailing Address

**6849 Cobia Circle
Boynton Beach FL 33437**

2. Principal Place of Business

3. Mailing Address

6849 Cobia Circle

6849 Cobia Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach FL

City & State

Boynton Beach FL

Zip

Country

Zip

Country

33437

33437

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

John S. Kennelly, Esq.

Street Address (P.O. Box Number is Not Acceptable)

6849 Cobia Circle

City

Boynton Beach

FL

Zip Code

33437

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

John S. Kennelly, Esq.

John S. Kennelly, Esq.

4/24/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

900003264109--5

-05/23/00--01108--022

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Controlling Member

John B. Kennelly

6849 Cobia Circle

Boynton Beach FL 33437

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

John B. Kennelly
Controlling Member

APR 24 2000

Date

Daytime Phone #

561-369-2345

CR2E083 (11/99)