

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008182

FILED
Apr 26, 2006
Secretary of State

Entity Name: MEDICAL STAFF OF WEST BOCA MEDICAL CENTER, INC.

Current Principal Place of Business:

21644 STATE ROAD 7
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

C/O E. DUNN PO BOX 812157
BOCA RATON, FL 334312157 US

New Mailing Address:

C/O E. DUNN 1001 YAMATO ROAD
100
BOCA RATON, FL 33431 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN, ELIZABETH A
3351 NW BOCA RATON BL.
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

DUNN, ELIZABETH A
1001 YAMATO ROAD
100
BOCA RATON, FL 33431 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:

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUBETKIN, DAVID MD
Address: C/O WB MEDICAL CENTER, 21644 SR 7
City-St-Zip: BOCA RATON, FL 33428 US

Title: D () Delete
Name: DABBAH, ALBERT MD
Address: C/O WB MEDICAL CENTER, 21644 SR 7
City-St-Zip: BOCA RATON, FL 33428 US

Title: D () Delete
Name: PATEL, SUNIL MD
Address: C/O WB MEDICAL CENTER, 21644 SR 7
City-St-Zip: BOCA RATON, FL 33428 US

Title: D () Delete
Name: MARCUS, DAVID MD
Address: C/O WB MEDICAL CENTER, 21644 SR 7
City-St-Zip: BOCA RATON, FL 33428 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROSENBERG, MARC MD
Address: C/O WB MEDICAL CENTER, 21644 SR 7
City-St-Zip: BOCA RATON, FL 33428 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LUBETKIN, MD

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date