

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90055 035 ****61.25

DOCUMENT # N05000008182

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



Principal Place of Business
**21644 STATE ROAD 7
BOCA RATON, FL 33428**

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

40021690



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-2141516

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LUBETKIN, DAVID MD
C/O WB MEDICAL CENTER, 21644 SR 7
BOCA RATON, FL 33428** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DABBAH, ALBERT MD
C/O WB MEDICAL CENTER, 21644 SR 7
BOCA RATON, FL 33428** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROSENBERG, MARC MD
C/O WB MEDICAL CENTER, 21644 SR 7
BOCA RATON, FL 33428** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.
RHODES, DONNA M.D.
c/o WB MEDICAL CENTER, 21644 SR7
BOCA RATON, FL 33428** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARCUS, DAVID MD
C/O WB MEDICAL CENTER, 21644 SR 7
BOCA RATON, FL 33428** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.
BARRUW, OWEN M.D.
c/o WB MEDICAL CENTER, 21644 SR7
BOCA RATON, FL 33428** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/30/07

5614888000