

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90058 011 ****61.25

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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**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2141516

Applied For
Not Applicable

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, 2008**

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

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

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RHODES, DONNA MD**
CITY-ST-ZIP **21644 SR 7
BOCA RATON, FL 33428**

TITLE ☒ Change ☐ Addition
NAME **Rhodes, Donna MD**
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #