2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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 1001 YAMATO ROAD
100
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 20-2141516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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: RHODEN, DONNA M.D
Address: 21644 SR 7
City-St-Zip: BOCA RATON, FL 33428 US

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

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

Title: D (X) Change ( ) Addition
Name: NEWMAN, STEWART M.D
Address: 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 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: ELIZABETH A. DUNN RA 01/09/2009
Electronic Signature of Signing Officer or Director — Date