2011 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:

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

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:

DUNN, ELIZABETH A
1001 YAMATO ROAD
SUITE 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: ELIZABETH A DUNN 04/27/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: MALLIS, MICHAEL MD
Address: C/O WB MEDICAL CENTER, 21644 SR 7
City-St-Zip: BOCA RATON, FL 33428 US

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

Title: D
Name: NEWMAN, STEWART M.D
Address: C/O WB MEDICAL CENTER, 21644 SR 7
City-St-Zip: BOCA RATON, FL 33428 US

I hereby 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 all other like empowered.

SIGNATURE: KEVIN MONAHAN, MD D 04/27/2011
Electronic Signature of Signing Officer or Director Date