


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000014255 1. Entity Name WEST BOCA MEDICAL CENTER, INC.	
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FILED

06 MAR 17 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02212006 Chg-P CR2E034 (11/05) *06*

Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240		Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Attn: Donna Jarrell Suite, Apt. #, etc. 13737 Noel Rd Ste 100	
City & State		City & State Dallas TX	
Zip	Country	Zip	Country
		75240	

4. FEI Number 75-2922710	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DS LARSEN, CAITLIN M	<input type="checkbox"/> Delete		TITLE	DS Larsen, Caitlin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3820 STATE ST			STREET ADDRESS	13737 Noel Rd ste 100		
CITY-ST-ZIP	SANTA BARBARA, CA 93105			CITY-ST-ZIP	Dallas TX 75240		
TITLE	P MICKENS, WALTER A	<input type="checkbox"/> Delete		TITLE	P Armin, Craig	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	13737 NOEL ROAD			STREET ADDRESS	11620 Wilshire Blvd 10th Flr		
CITY-ST-ZIP	DALLAS, TX 75240			CITY-ST-ZIP	Los Angeles CA 90025		
TITLE	T DENT, DENNIS L	<input type="checkbox"/> Delete		TITLE	T Sherman, Jeffrey S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS	13737 Noel Rd Ste 100		
CITY-ST-ZIP	SANTA BARBARA, CA 93105			CITY-ST-ZIP	Dallas TX 75240		
TITLE	AS MACK, KRISTINA A	<input type="checkbox"/> Delete		TITLE	AS Mack, Kristina A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS	13737 Noel Rd Ste 100		
CITY-ST-ZIP	SANTA BARBARA, CA 93105			CITY-ST-ZIP	Dallas TX 75240		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 607, 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: *Caitlin Larsen* Caitlin Larsen 2/27/06 469-893-2701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #