


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED

07 APR -3 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240	Mailing Address ATTN: DONNA JARRELL 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240
--	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

CP
 1122007 Chg-P CR2E034 (12/06)

City & State Zip Country	City & State Zip Country	4. FEI Number 75-2922710	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	7. Name and Address of New Registered Agent 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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DS LARSEN, CAITLIN M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100096380981 04/11/07--01004--003 **150.00
NAME	13737 NOEL ROAD, SUITE 100	NAME	
STREET ADDRESS	DALLAS, TX 75240	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKENS, WALTER A	NAME	
STREET ADDRESS	13737 NOEL RD. STE. 100	STREET ADDRESS	
CITY-ST-ZIP	DALLAS, TX 75240	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, JEFFREY S	NAME	
STREET ADDRESS	13737 NOEL ROAD, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	DALLAS, TX 75240	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, KRISTINA A	NAME	
STREET ADDRESS	13737 NOEL ROAD, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	DALLAS, TX 75240	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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 by me.

SIGNATURE: Kristina A. Mack

Kristina A. Mack, Asst Sec, 3/28/07
 Phone 469-893-2701