

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 FEB 27 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2922710	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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



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
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LARSEN, CAITLIN M 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICKENS, WALTER A 13737 NOEL RD. STE. 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERMAN, JEFFREY S 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MACK, KRISTINA A 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

500119548025
03/06/08--01014--013 **150.00



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: Kristina A. Mack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristina A. Mack, Assistant Secretary, 1/14/08
Phone 469-893-2701