2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014255

FILED Feb 09, 2009 Secretary of State

Entity Name: WEST BOCA MEDICAL CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 13737 NOEL ROAD STE 100 DALLAS, TX 75240 **New Mailing Address: Current Mailing Address:** ATTN: DONNA JARRELL 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240 FEI Number: 75-2922710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LARSEN, CAITLIN M SHERMAN, JEFFREY Name: Name: 13737 NOEL ROAD, SUITE 100 13737 NOEL ROAD, SUITE 100 Address: Address: City-St-Zip: DALLAS, TX 75240 City-St-Zip: DALLAS, TX 75240 Title: Title: () Delete (X) Change () Addition MICKENS, WALTER A Name: Name: MACK, KRISTINA

13737 NOEL RD.STE. 100 13737 NOEL ROAD, SUITE 100 Address: Address:

DALLAS, TX 75240 DALLAS, TX 75240 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition SHERMAN, JEFFREY S FELDMAN, MITCHELL Name: Name:

13737 NOEL ROAD, SUITE 100 13737 NOFL ROAD SUITE 100 Address: Address:

City-St-Zip: DALLAS, TX 75240 City-St-Zip: DALLAS, TX 75240

Title: () Delete Title: (X) Change () Addition MACK, KRISTINA A MACK, KRISTINA Name: Name: Address: 13737 NOEL ROAD, SUITE 100 Address: 13737 NOEL ROAD, SUITE 100

City-St-Zip: City-St-Zip: DALLAS, TX 75240 DALLAS, TX 75240

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINA MACK S 02/09/2009