

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014255

FILED  
Jan 23, 2012  
Secretary of State

Entity Name: WEST BOCA MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1445 ROSS AVE STE 1400  
ATTN: DONNA JARRELL  
DALLAS, TX 75202 US

**New Principal Place of Business:**

**Current Mailing Address:**

1445 ROSS AVE STE 1400  
ATTN: DONNA JARRELL  
DALLAS, TX 75202 US

**New Mailing Address:**

FEI Number: 75-2922710      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: MACK, KRISTINA A  
Address: 1445 ROSS AVE STE 1400  
City-St-Zip: DALLAS, TX 75202 US

Title: P  
Name: FELDMAN, MITCHELL S  
Address: 1445 ROSS AVE STE 1400  
City-St-Zip: DALLAS, TX 75202 US

Title: D  
Name: MACK, KRISTINA A  
Address: 1445 ROSS AVE STE 1400  
City-St-Zip: DALLAS, TX 75202 US

Title: T  
Name: MURPHY, TYLER  
Address: 1445 ROSS AVE STE 1400  
City-St-Zip: DALLAS, TX 75202 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTINA A MACK

S

01/23/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date