2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2011
Secretary of State

DOCUMENT# P99000019092

Entity Name: BOCA PALMS MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

200 CONGRESS PARK DRIVE
SUITE 100
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

200 CONGRESS PARK DRIVE
SUITE 100
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0894649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIRSE, PATRICK S
200 CONGRESS PARK DRIVE
SUITE 100
DELRAY BEACH, FL 33445 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: D
Name: MANDOR, ROBERT
Address: 200 CONGRESS PARK DRIVE, STE 103
City-St-Zip: DELRAY BEACH, FL 33445

Title: D
Name: MANDOR, LEONARD
Address: 200 CONGRESS PARK DRIVE, STE 103
City-St-Zip: DELRAY BEACH, FL 33445

Title: D
Name: JACOBSEN, HARVEY
Address: 200 CONGRESS PARK DRIVE, STE 103
City-St-Zip: DELRAY BEACH, FL 33445

Title: VT
Name: KIRSE, PATRICK S
Address: 200 CONGRESS PARK DRIVE, STE 100
City-St-Zip: DELRAY BEACH, FL 33445

Title: PS
Name: CROSBY, CHRISTOPHER
Address: 200 CONGRESS PARK DRIVE STE 101
City-St-Zip: DELRAY BEACH, FL 33445

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: PATRICK S KIRSE VT 03/18/2011

Electronic Signature of Signing Officer or Director — Date