

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000014255

**Entity Name:** WEST BOCA MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1445 ROSS AVE  
1400  
DALLAS, TX 75202

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC7427615733**

**Current Mailing Address:**

1445 ROSS AVE  
1400  
DALLAS, TX 75202 US

**FEI Number: 75-2922710**

**Certificate of Status Desired: No**

**Name and Address of Current 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

**Officer/Director Detail :**

Title S  
Name MACK, KRISTINA A  
Address 1445 ROSS AVE  
City-State-Zip: DALLAS TX 75202

Title P  
Name FELDMAN, MITCHELL S  
Address 1445 ROSS AVE  
City-State-Zip: DALLAS TX 75202

Title T  
Name MURPHY, TYLER C  
Address 1445 ROSS AVE  
City-State-Zip: DALLAS TX 75202

Title D  
Name CASTANON, PAUL A  
Address 1445 ROSS AVE  
City-State-Zip: DALLAS TX 75202

*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**

**SECRETARY**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date