

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90154 042 ****55.00

DOCUMENT # L05000037501



1. Entity Name
BOCA RATON MEDICAL AND SURGICAL SPECIALISTS MANAGEMENT COMPANY, LLC

Principal Place of Business
**6400 CONGRESS AVENUE, SUITE 1400
 BOCA RATON, FL 33487**

Mailing Address
**6400 CONGRESS AVENUE, SUITE 1400
 BOCA RATON, FL 33487**

40124000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

07032007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-3237751

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NACHLAS, NATHAN E
 6400 CONGRESS AVENUE, SUITE 1400
 BOCA RATON, FL 33487**

Name

Nathan E. Nachlas

Street Address (P.O. Box Number is Not Acceptable)

1601 Clint Moore Road Suite 170

City

Boca Raton

FL

Zip Code

33482

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

[Signature]

Nathan E. Nachlas

7/3/2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
 Due by September 14, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM
 NACHLAS, NATHAN E
 6400 CONGRESS AVENUE, SUITE 1400
 BOCA RATON, FL 33487**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGR,
 NACHLAS, NATHAN E.
 1601 Clint Moore Rd. Ste 170
 Boca Raton, Florida 33487**

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGR
 KATZIN, ROY
 1601 Clint Moore Rd. Ste. 120
 Boca Raton, FLORIDA 33487**

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGR
 JACOBSON, SAMUEL
 1601 Clint Moore Rd. Ste. 100
 Boca Raton, FLORIDA 33487**

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGR
 SCHLOSSER, MARC
 1601 Clint Moore Rd. Ste 175
 Boca Raton, Florida 33487**

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGR
 BARTZOKIS, THOMAS
 1601 Clint Moore Rd. Ste 145
 Boca Raton, Florida 33487**

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGR
 LEVIN, LARRY
 1601 Clint Moore Rd., Ste. 125
 Boca Raton, Florida 33487**

Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

Nathan E.

Nachlas - MGR 7/3/2007

561-939-

0900


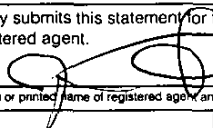
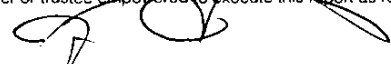
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

DOCUMENT # L05000037501 1. Entity Name BOCA RATON MEDICAL AND SURGICAL SPECIALISTS MANAGEMENT COMPANY, LLC					
Principal Place of Business 6400 CONGRESS AVENUE, SUITE 1400 BOCA RATON, FL 33487		Mailing Address 6400 CONGRESS AVENUE, SUITE 1400 BOCA RATON, FL 33487			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; font-family: cursive;">40122665</div> 07032007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 20-3237751	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NACHLAS, NATHAN E 6400 CONGRESS AVENUE, SUITE 1400 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent	
Name Nathan E. Nachlas				Street Address (P.O. Box Number is Not Acceptable) 1601 Clint Moore Rd. Ste. 170	
City Boca Raton				FL Zip Code 33487	
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 <i>By:</i> 		Nathan E. Nachlas		DATE 7/3/07	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NACHLAS, NATHAN E 6400 CONGRESS AVENUE, SUITE 1400 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jeffrey Gross 1601 Clint Moore Rd. Ste. 115 Boca Raton, Florida 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Widick, Mark 1601 Clint Moore Rd, Ste 105 Boca Raton, Florida 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRITO, ROGER 1601 Clint Moore Rd. Ste. 180 Boca Raton, Florida 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIGHT, MARK 1601 Clint Moore Rd, Ste. 182 Boca Raton, Florida 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLISKER, HARVEY 1601 Clint Moore Rd, Ste 160 Boca Raton, Florida 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>By:</i> 		Nathan E. Nachlas - MGR		DATE 7/3/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Day/Time Phone # 561-939-0900	