

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L00000001055**

1. Entity Name  
**DELRAY OUTPATIENT SURGERY & LASER CENTER, LLC**

**FILED**

01 FEB 19 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4800 LINTON BLVD., BLDG. B  
DELRAY BEACH FL 33435

Mailing Address  
4800 LINTON BLVD., BLDG. B  
DELRAY BEACH FL 33435



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

**MENOR, ARTHUR J ESQ.  
SHUTTS & BOWEN LLP  
250 AUSTRALIAN AVE. S., ONE CLEARLAKE CTR  
WEST PALM BEACH FL 33401**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  Delete  
NAME **MGR MELLMAN, ROBERT**  
STREET ADDRESS **4800 LINTON BLVD., BLDG. B**  
CITY-ST-ZIP **DELRAY BEACH FL 33435**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGR MEADOWS, STEVE**  
STREET ADDRESS **4800 LINTON BLVD., BLDG. B**  
CITY-ST-ZIP **DELRAY BEACH FL 33435**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300003746073--7**  
**-02/21/01--01105--005**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

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TITLE  Change  Addition  
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert Mellman **ROBERT MELLMAN** 2-7-01 5613955408  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)