

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001055

1. Entity Name

DELRAY OUTPATIENT SURGERY & LASER CENTER, LLC

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
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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:

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

Date

Daytime Phone #

FILED

01 FEB 19 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)