

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-24-2002 90353 029 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001055

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

Principal Place of Business Mailing Address
4800 LINTON BLVD., BLDG. B **4800 LINTON BLVD., BLDG. B**
DELRAY BEACH FL 33445 **DELRAY BEACH FL 33445**

33445 33445

- 13652



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

65-0985750

4. FEI Number **APPLIED FOR** Applied For / Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MENOR, ARTHUR J ESQ.
SHUTTS & BOWEN LLP
250 AUSTRALIAN AVE. S., ONE CLEARLAKE CTR
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name **ROBERT MELLMAN**
Street Address (P.O. Box Number is Not Acceptable) **4800 Linton Blvd., Building B**
City **Delray Beach** **FL** Zip Code **33445**

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 *Robert Mellman* DATE **1/18/02**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELLMAN, ROBERT 4800 LINTON BLVD., BLDG. B DELRAY BEACH FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEADOWS, STEVE 4800 LINTON BLVD., BLDG. B 33445 DELRAY BEACH FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **REQUIRED** Date **1/11/02** Daytime Phone # **495-9111**

CR2E083 (9/01)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 03-07-2000
NUMBER OF THIS NOTICE: CP 575 B
EMPLOYER IDENTIFICATION NUMBER: 65-0985705
FORM: SS-4
0716802349 B

Attachment
13652
L00000001055

FOR ASSISTANCE CALL US AT:
1-800-829-1040

DELRAY OUTPATIENT SURGERY & LASER
CENTER LLC
4800 LINTON BLVD BLDG B
DELRAY BEACH FL 33445

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-0985705. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following form(s) by the date we show.

Form 1065

04/15/2001

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

RECEIVED
MAR 13 2000
BY:

(IRS USE ONLY) 575B 650985705 03-07-2000 DELR B 0716802349 SS-4

Attachment

13652

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Please use the label IRS provided when filing tax documents. If that isn't possible, you should use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

DELRAY OUTPATIENT SURGERY & LASER
CENTER LLC
4800 LINTON BLVD BLDG B
DELRAY BEACH FL 33445

If this information isn't correct, please correct it using the bottom part of this notice. Return it to us at the address shown so we can correct your account.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 1-2000)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

0716802349

Your Telephone Number () Best Time to Call _____

DATE OF THIS NOTICE: 03-07-2000
EMPLOYER IDENTIFICATION NUMBER: 65-0985705
FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DELRAY OUTPATIENT SURGERY & LASER
CENTER LLC
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