


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

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 33435 DELRAY BEACH, FL 33435

DO NOT WRITE IN THIS SPACE



01122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 65-0985750 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUSTER, STEVEN
 4800 LINTON BLVD., BUILDING B
 DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MEADOWS, STEVE
STREET ADDRESS	4800 LINTON BLVD., BLDG. B
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	MGR
NAME	SCHUSTER, STEVEN
STREET ADDRESS	4800 LINTON BLVD BLDG B
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100000027705
 02/03/04-80057-009 \$5.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Steve Meadows 1/13/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #