

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-16-2007 90174 043 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000099708 1. Entity Name VERO BEACH OUTPATIENT SURGICAL CENTER, LLC					
Principal Place of Business SUITE E, 1255 37TH STREET VERO BEACH, FL 32960			Mailing Address SUITE E, 1255 37TH STREET VERO BEACH, FL 32960		
2. Principal Place of Business - Not P.O. Box Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. Name and Address of Current Registered Agent FILINGS, INC. 3732 NORTHWEST 16TH STREET FORT LAUDERDALE, FL 33311			5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code		
6. 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 of the Principal Officer, Registered Agent, and State Representative. (NOTE: Registered Agents must be licensed in the State of Florida.)					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM GREENWALD, BRETT SUITE E, 1255 37TH STREET VERO BEACH, FL 32960	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM PADULA, JAMES SUITE E, 1255 37TH STREET VERO BEACH, FL 32960	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change	☐ Addition
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11. I hereby certify that the information furnished with this filing does not qualify for the exemption contained in Chapter 819, Florida Statutes. I further certify that the information indicated on this report is true and correct, and that my signature shall have the same legal effect as if made under oath. I am a managing member or manager of the limited liability company.					
SIGNATURE: _____ Signature and typed or printed name of signing member, officer, manager, or authorized representative			Date: 4/30/07		

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