

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90026 004 ***143.75

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

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

Mailing Address
 4800 LINTON BLVD., BLDG. B
 DELRAY BEACH, FL 33445

50005434



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
 65-0985750

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

SCHWARTZ, DEREK A
 1900 CORPORATE BLVD
 STE 225 W
 BOCA RATON, FL 33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE MGR Change Addition
 NAME MICHAEL LEVINE M.D.
 STREET ADDRESS 255 CORDOVA RD
 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE MGR Delete
 NAME MELLMAN, ROBERT
 STREET ADDRESS 4800 LINTON BLVD BLDG B
 CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE MGR Change Addition
 NAME SIRTATZ SIBIA, D.O.
 STREET ADDRESS 17645 FIELDSBROOK CIR WEST
 CITY-ST-ZIP BOCA RATON FL 33496

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: NONA MURPHY NONA MURPHY 2/22/08 801-495-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #