

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001055

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** DELRAY OUTPATIENT SURGERY & LASER CENTER, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0985750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DEREK A. SCHWARTZ, PA  
2385 NW EXECUTIVE CENTER DRIVE  
SUITE 190  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MEADOWS, STEVE MD  
Address: 5416 NORTHWEST 41ST TERRACE  
City-St-Zip: BOCA RATON, FL 33496

Title: MGR  
Name: ROBERT, MELLMAN DO  
Address: 17568 FIELDBROOK CIR EAST  
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: STEVE MEADOWS

MGR

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date