

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90011 037 \*\*\*\*50.00

DOCUMENT # L00000001055

1. Entity Name

**DELRAY OUTPATIENT SURGERY & LASER CENTER, LLC**



Principal Place of Business

4800 LINTON BLVD., BLDG. B  
DELRAY BEACH FL 33435

Mailing Address

4800 LINTON BLVD., BLDG. B  
DELRAY BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0985750**

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROBERT, MELLMAN**  
4800 LINTON BLVD., BUILDING B  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name **Steven Schuster**  
Street Address (P.O. Box Number is Not Acceptable)  
**4800 Linton Blvd., Bldg 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Steven Schuster MD*  
Signature, typed or printed name of registered agent and title if applicable.

*STEVEN SCHUSTER MD*  
(NOTE: Registered Agent signature required when reinstating)

**1-29-03**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>MELLMAN, ROBERT</b> <b>4800 LINTON BLVD., BLDG. B</b> <b>DELRAY BEACH FL 33445</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>MEADOWS, STEVE</b> <b>4800 LINTON BLVD., BLDG. B</b> <b>DELRAY BEACH FL 33445</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>SCHUSTER, STEVEN</b> <b>4800 Linton Blvd, Bldg B</b> <b>DELRAY BEACH, FL 33445</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 *Steven Schuster MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1-29-03**  
Date

**561-2495-9111**  
Daytime Phone #

CR2E083 (10/02)