

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038278

**Entity Name:** SOUTH PALM AMBULATORY SURGERY CENTER, LLC

**Current Principal Place of Business:**

1905 CLINT MOORE RD.  
SUITE 115  
BOCA RATON, FL 33496

**Current Mailing Address:**

1905 CLINT MOORE RD.  
SUITE 115  
BOCA RATON, FL 33496

**FEI Number:** 20-0313969

**Certificate of Status Desired:** No

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

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name COHEN, M.D., RICHARD G.  
Address 3020 NORTH MILITARY TRAIL, SUITE  
150  
City-State-Zip: BOCA RATON FL 33431

Title MGR  
Name EISNER, M.D., TODD  
Address 951 NW 13TH STREET NO. 2E  
City-State-Zip: BOCA RATON FL 33486

Title MGR  
Name PATRICK, SOLOMON  
Address 1613 N. HARRISON PARKWAY, SUITE  
200  
City-State-Zip: SUNRISE FL 33323

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICK SOLOMON

**MANAGER**

**04/02/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date