

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038365

**Entity Name:** NORTHPOINT SURGERY CENTER INVESTMENTS, LLC

**Current Principal Place of Business:**

5586 HIGH FLYER ROAD NORTH  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

5586 HIGH FLYER ROAD NORTH  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 26-0073479

**Certificate of Status Desired:** No

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

KRASKER, PAUL A  
225 S. OLIVE AVE  
WEST PALM BEACH, FL 33401 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 SCHWARTZ, MICHAEL L  
Address 2295 NW 53RD STREET  
City-State-Zip: BOCA RATON FL 33496

Title MGR  
Name TANNENBAUM, BRUCE  
Address 5586 HIGH FLYER ROAD NORTH  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRUCE TANNENBAUM

**MANAGER**

**01/08/2015**

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

\_\_\_\_\_  
Date