

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000026814

**Entity Name:** GENERAL SURGERY OF PALM BEACH, LLC

**Current Principal Place of Business:**

3319 STATE ROAD 7  
207  
WELLINGTON, FL 33449

**Current Mailing Address:**

3319 STATE ROAD 7  
207  
WELLINGTON, FL 33449

**FEI Number:** 32-0278341

**Certificate of Status Desired:** No

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

PEREZ, DAMARIS  
3319 STATE ROAD 7  
207  
WELLINGTON, FL 33449 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 MGRM  
Name PEREZ, DAMARIS  
Address 3319 STATE ROAD 7  
City-State-Zip: WELLINGTON FL 33449

*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:** DAMARIS PEREZ

MGRM

04/23/2013

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

\_\_\_\_\_  
Date