

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A93000001033

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** THE OUTPATIENT CENTER OF BOYNTON BEACH, LTD.

**Current Principal Place of Business:**

2351 SOUTH SEACREST BOULEVARD  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SO FLORIDA GASTRO, 1325 S. CONGRESS AV  
ATT: LOU ROSSMAN  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 65-0440864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MENKHAUS, DAVID J  
2424 NORTH FEDERAL HWY. #456  
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

**GENERAL PARTNER INFORMATION:**

Document #: S29586  
Name: TRALIS, INC.  
Address: 2351 SOUTH SEACREST BOULEVARD  
City-St-Zip: BOYNTON BEACH, FL 33435

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MARK DOSCH

PRES

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date