

2002 UNIFORM BUSINESS REPORT (UBR)

001240 AI

DOCUMENT # A94000000920

1. Entity Name

DELRAY OUTPATIENT SURGERY & LASER CENTER, LTD.

FILED

02 JAN 24 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4800 LINTON BLVD. BLDG. B DELRAY BEACH FL 33445	Mailing Address 4800 LINTON BLVD. BLDG. B DELRAY BEACH FL 33445
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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DUE BY MAY 1, 2002	
4. FEI Number 65-0557950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MENOR, ARTHUR J
250 AUSTRALIAN AVENUE SOUTH
ONE CLEARLAKE CENTRE, STE. 500
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Robert Mellman
Street Address (P.O. Box Number is Not Acceptable)
4800 Linton Blvd., Building 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.

SIGNATURE [Signature] DATE 1/11/02

9. Capital Contributions as Shown on record. \$775,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	K90618 NMV-II, INC. 3820 STATE STREET SANTA BARBARA CA 93105
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	3000004834309--0
CITY-ST-ZIP	-01/29/02--01065--024
STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: [Signature] DATE 1/11/02 DAYTIME PHONE # 485-9111

CR2E003 (9/01)