

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000264

1. Entity Name
NORTH PALM BEACH SURGERY CENTER L.L.C.

Principal Place of Business
**733 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408**

Mailing Address
**733 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -2 PM 2:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIRKIN, MARK H ESQ.
C/O MIRKIN & WOOLF
1700 PALM BEACH LAKES BLVD., #580
WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WEINER, RICHARD L
109 SCHOONER LANE
JUPITER FL 33477** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SASLOW, STEVEN R
8412 EGRET MEADOW LANE
WEST PALM BEACH FL 33412** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**300003819823--
-03/09/01--01014--008
*****50.00 *****50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SCHNEIDER, ANDREW I
6901 69TH WAY
WEST PALM BEACH FL 33407** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ARLOSOROFF, CHAIM
300 RUSSLYN DRIVE
WEST PALM BEACH FL 33405** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ACOSTA, ROBERTO J
2770 MEADOWLAKE LANE
WEST PALM BEACH FL 33409** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
EATON, CHARLES J
1000 45TH STREET #2
WEST PALM BEACH FL 33407** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0013690 AF

CR2E083 (11/00)