


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L00000001055 1. Entity Name DELRAY OUTPATIENT SURGERY & LASER CENTER, LLC |  |
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| Principal Place of Business 4800 LINTON BLVD., BLDG. B DELRAY BEACH, FL 33435 | Mailing Address 4800 LINTON BLVD., BLDG. B DELRAY BEACH, FL 33435 |
|---|---|

DO NOT WRITE IN THIS SPACE



01122004No Chg-LLC

CR2E083 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0985750 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|-----------------------------------|

| | |
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| 6. Name and Address of Current Registered Agent SCHUSTER, STEVEN 4800 LINTON BLVD., BUILDING B DELRAY BEACH, FL 33445 | DO NOT WRITE IN THIS SPACE |
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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. I am familiar with, and accept the obligations of registered agent.

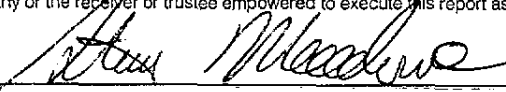
| | | |
|---|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

**Filing Fee is \$50.00
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MEADOWS, STEVE 4800 LINTON BLVD., BLDG. B DELRAY BEACH, FL 33445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCHUSTER, STEVEN 4800 LINTON BLVD BLDG B DELRAY BEACH, FL 33445 |
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**DO NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

1/13/04
Date

Daytime Phone #