2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000001055

1. Entity Name

DELRAY OUTPATIENT SURGERY & LASER CENTER, LLC

Feb 03, 2004 08:00 AM Secretary of State

Principal Place of Business

4800 LINTON BLVD., BLDG. B DELRAY BEACH, FL 33435 Mailing Address

4800 LINTON BLVD., BLDG. B DELRAY BEACH, FL 33435



01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0985750 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUSTER, STEVEN 4800 LINTON BLVD., BUILDING B DELRAY BEACH, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE.

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

(NOTE. Registered Agent signature required when reinstating)

DATE

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

	MANAGING MEMBERS/MANAGERS		
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STREET ADDRESS	4800 LINTON BLVD., BLDG. B		
CITY-ST-ZIP	DELRAY BEACH, FL 33445	Towns a company	
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11. Thereby certify that the information supplied with this tiling 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, OR AUTHORIZED REPRESENTATIVE

1/13/04

Daytime Phone #