

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001055

FILED
Apr 19, 2006
Secretary of State

Entity Name: DELRAY OUTPATIENT SURGERY & LASER CENTER, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

4800 LINTON BLVD., BLDG. B
DELRAY BEACH, FL 33445

Current Mailing Address:

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

New Mailing Address:

4800 LINTON BLVD., BLDG. B
DELRAY BEACH, FL 33445

FEI Number: 65-0985750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, DEREK A
1900 CORPORATE BLVD
STE 225 W
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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEADOWS, STEVE
Address: 4800 LINTON BLVD., BLDG. B
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR () Delete
Name: SCHUSTER, STEVEN
Address: 4800 LINTON BLVD BLDG B
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MELLMAN, ROBERT
Address: 4800 LINTON BLVD BLDG B
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 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: ROBERT MELLMAN

MD

04/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date