

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90327 034 \*\*\*\*50.00

**DOCUMENT # L00000001055**

1. Entity Name  
DELRAY OUTPATIENT SURGERY & LASER CENTER,  
LLC



Principal Place of Business  
4800 LINTON BLVD., BLDG. B  
DELRAY BEACH, FL 33445

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

**60047141**



01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

SCHWARTZ, DEREK A  
1900 CORPORATE BLVD  
STE 225 W  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

**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  
MELLMAN, ROBERT  
4800 LINTON BLVD BLDG B  
DELRAY BEACH, FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Matthew J. Freeman VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/30/2007 (205) 969-1923  
Date Daytime Phone #