

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90026 004 ***143.75

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**

50005434



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
65-0985750

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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. 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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **MEADOWS, STEVE**
STREET ADDRESS **4800 LINTON BLVD., BLDG. B**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **MGR** ☒ Change ☐ Addition
NAME **MICHAEL LEVINE M.D.**
STREET ADDRESS **255 CORDOVA RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **MGR** ☒ Delete
NAME **MELLMAN, ROBERT**
STREET ADDRESS **4800 LINTON BLVD BLDG B**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **MGR** ☒ Change ☐ Addition
NAME **SIRTATZ, SIBIA, D.O.**
STREET ADDRESS **17625 FIELDBROOK CIR WEST**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: *Nona Murphy* **NONA MURPHY** *2/22/08* *861-495-9111*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #