

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90011 037 ****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 33435**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0985750**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Steven Schuster**
Street Address (P.O. Box Number is Not Acceptable) **4800 Linton Blvd., Bldg B**
City **Delray Beach** FL Zip Code **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 *Steven Schuster MD*
Signature, typed or printed name of registered agent and title if applicable.

STEVEN SCHUSTER MD
(NOTE: Registered Agent signature required when reinstating)

1-29-03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELLMAN, ROBERT 4800 LINTON BLVD., BLDG. B DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEADOWS, STEVE 4800 LINTON BLVD., BLDG. B DELRAY BEACH FL 33445 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUSTER, STEVEN 4800 LINTON BLVD, Bldg B DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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 *Steven Schuster MD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-29-03

561-495-9111

Date Daytime Phone #

CR2E083 (10/02)