

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000009298**

1. Entity Name

BETHESDA OUTPATIENT SURGERY CENTER, L.L.C.**FILED**
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90003 045 *****50.00

Principal Place of Business

**10301 HAGEN RANCH RD., SUITE 520
BOYNTON BEACH FL 33437**

Mailing Address

**10301 HAGEN RANCH RD., SUITE 520
BOYNTON BEACH FL 33437**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1028884**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**COHEN, JEFFREY L
54 N.E. FOURTH AVENUE
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **CHALAL, JOSEPH B MD**
STREET ADDRESS **6024 LELAC RD.**
CITY-ST-ZIP **BOCA RATON FL 33496**TITLE **VP** ☐ Delete
NAME **GARROD, KENNETH J MD**
STREET ADDRESS **321 SW 15TH ST.**
CITY-ST-ZIP **BOCA RATON FL 33434**TITLE **MGRM** ☐ Delete
NAME **KOHN, MARVIN MD**
STREET ADDRESS **106 GLENBROOK COURT**
CITY-ST-ZIP **ATLANTIS FL 33462**TITLE **MGRM** ☐ Delete
NAME **SPEKTOR, ZORIK MD**
STREET ADDRESS **17615 FIELDBROOK CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33496**TITLE **T** ☐ Delete
NAME **HILL, ROBERT B**
STREET ADDRESS **2815 S. SEACREST BLVD.**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083 (9/01)