2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

DOCUMENT # L00000009298

1. Entity Name

BETHESDA OUTPATIENT SURGERY CENTER, L.L.C.



FILED Mar 29, 2004 8:00 am Secretary of State 03-29-2004 90552 010 ****50.00

Daytime Phone #

10301 HAGEN RANCH RD, SUITE \$20 BOYNTON BEACH FL 33437 Suite S	Principal Place	e of Business	Mailing Address								
Subject Subj	10301 HAGEN RANCH RD., SUITE 520 BOYNTON BEACH FL 33437		10301 HAGEN RANCH RD., SUITE 520 BOYNTON BEACH FL 33437								
Subject Subj							III				
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Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Fee Requirement \$5.00 Additional Fee Requi	Suite, Apt.	#. etc.	Suite, Apt. #, etc.				MOORE CR2E083 (11/03)				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Jent COHEN, JEFFREY L 54 N.E. FOURTH AVENUE DELRAY BEACH FL 33483 City 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 FLE NOW!!! FE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGEIS MANAGING MEMBERS/MANAGEIS 10. ADDITIONS/CHANGES PAL JOSEPH B MD Oedle TITLE PAL JOSEPH B MD OEAL ELAC RD. STREET ADDRESS CRY-51-78* ACKIN, MARVIN MD Deetle TITLE MGRM MME STREET ADDRESS LOKE ADDRESS AS ACRES TE BLVD. STREET ADDRESS STREET ADDRESS 10. Change Addition MME STREET ADDRESS CRY-51-78* BOCA RATION FL 33496 CRY-51-28* TITLE MGRM MME STREET ADDRESS STRE	City & State		City & State				4. FEI Num	65-1028884			
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Street Address (P.O. Bax Number is Not Acceptable)		6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
STREET ADDRESS OFFI. S. TOURTH AVENUE DELRAY BEACH FL 33483 City FL City					Name						
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, pred or printed name of registered agent agent and was aren remasking. SIGNATURE Application Change Change Change Change Application Change Chang	54 N	I.E. FOURTH AVENUE			Street Address (P.O. Box Number is Not Acceptable)						
R. The above hamed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature types or period name of registered agent and time. I amplicative. (NOTE Registered Agent agrative requires when ventation) DATE	DELI	HAY BEACH FL 33483									
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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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.											