

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000009298**

1. Entity Name  
**BETHESDA OUTPATIENT SURGERY CENTER, L.L.C.**



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**

**DO NOT WRITE IN THIS SPACE**



01092007No Chg-LLC

CR2E083 (11/05)

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**

**SCROGGINS, STACY H  
1741 CADES BAY AVE  
JUPITER, FL 33458**

**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 P  
NAME CHALAL, JOSEPH B MD  
STREET ADDRESS 31 ANNA STREET  
CITY-ST-ZIP OCEAN RIDGE, FL 33435

TITLE MGRM  
NAME KOHN, MARVIN MD  
STREET ADDRESS 106 GLENBROOK COURT  
CITY-ST-ZIP ATLANTIS, FL 33462

TITLE MGRM  
NAME SPEKTOR, ZORIK MD  
STREET ADDRESS 17615 FIELDBROOK CIRCLE  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE T  
NAME HILL, ROBERT B  
STREET ADDRESS 2815 S. SEACREST BLVD.  
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE MGRM  
NAME KASTEN, KENNETH MD  
STREET ADDRESS 2060 PARK CT  
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000587823  
01/17/07-80048-008 50.00

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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

1/9/07 861-374-9580