## **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## DOCUMENT # L00000009298

KASTEN, KENNETH MD

BOCA RATON, FL 33486

2060 PARK CT

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



**FILED** Feb 11, 2008 8:00 am Secretary of State

☐ Change

☐ Addition

1. Entity Nam BETHESI	DA OUTPATIENT SURGER	Y CENTER, L.L.C.			02-11-2006	90139 045 ***138	5.73	
Principal Place of Business Mailing Address 10301 HAGEN RANCH RD., SUITE 520 BOYNTON BEACH, FL 33437 Mailing Address 10301 HAGEN RANCH BOYNTON BEACH, FL					6000	7376		
				.	HOU DY CON 210 EDW 010 0	DIN 1111 4111 1111 1111 1111		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082	008 Chg-LLC	CR2E083 (12/06)	•	
City & State		City & State			4. FEI Number Applied For 65-1028884 Not Applicable			
Zip	Country	Zip	Country		ficate of Status Desired	□ \$5.00 Ad Fee Require	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
1741 CAD	NS, STACY H ES BAY AVE	Street Address		Address (P.O. Box I	(P.O. Box Number is Not Acceptable)			
JUPITER, FL 33458						· · · · · · · · · · · · · · · · · · ·		
				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 E	Florida Lam familiar with	and accept	
	ions of registered agent.						, which does by	
SIGNATURE .	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTI	E: Registered Agent sign	ture required when reinsta	ing)	DATE		
					1.00	ann the annual	1 i	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State			
	, 1, 2000 100 1111 22 4000110						te	
9			10		Flori	da Department of Sta	te	
9.	MANAGING MEMBEI	RS/MANAGERS	10.	Men	Flori	da Department of Sta		
TITLE	MANAGING MEMBEI		TITLE	Men	Flori	S/CHANGES	Addition	
TITLE NAME	MANAGING MEMBEI P CHALAL, JOSEPH B MD	RS/MANAGERS	TITLE NAME		Flori	S/CHANGES		
TITLE NAME STREET ADDRESS	MANAGING MEMBER P CHALAL, JOSEPH B MD 31 ANNA STREET	RS/MANAGERS	TITLE NAME STREET ADDRESS	Stuart 4420 St.	ADDITION	S/CHANGES		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MANAGING MEMBE P CHALAL, JOSEPH B MD 31 ANNA STREET OCEAN RIDGE, FL 33435	RS/MANAGERS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stuart 4420 St.	Flori	S/CHANGES  Change  M.D.  33434	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	MANAGING MEMBEI P CHALAL, JOSEPH B MD 31 ANNA STREET OCEAN RIDGE, FL 33435 MGRM	RS/MANAGERS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Stuart 4420 St.	ADDITION	S/CHANGES		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	MANAGING MEMBEI P CHALAL, JOSEPH B MD 31 ANNA STREET OCEAN RIDGE, FL 33435 MGRM KOHN, MARVIN MD	RS/MANAGERS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Stuart 4420 St.	ADDITION	S/CHANGES  Change  M.D.  33434	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBEI P CHALAL, JOSEPH B MD 31 ANNA STREET OCEAN RIDGE, FL 33435 MGRM KOHN, MARVIN MD 106 GLENBROOK COURT	RS/MANAGERS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Stuart 4420 St.	ADDITION	S/CHANGES  Change  M.D.  33434	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBEI P CHALAL, JOSEPH B MD 31 ANNA STREET OCEAN RIDGE, FL 33435 MGRM KOHN, MARVIN MD 106 GLENBROOK COURT ATLANTIS, FL-33462	RS/MANAGERS  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stuart 4420 St.	ADDITION	da Department of Star  S/CHANGES  Change  33434  Change	Addition	
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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.

NAME STREET ADDRESS

TITLE NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAN