

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009298

FILED
Jan 06, 2009
Secretary of State

Entity Name: BETHESDA OUTPATIENT SURGERY CENTER, L.L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1028884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: CHALAL, JOSEPH B MD
Address: 31 ANNA STREET
City-St-Zip: OCEAN RIDGE, FL 33435

Title: MGRM () Delete
Name: POPWITZ, STUART MD
Address: 4420 ST CHARLES WAY
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM () Delete
Name: SPEKTOR, ZORIK MD
Address: 17615 FIELDBROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: T () Delete
Name: HILL, ROBERT B
Address: 2815 S. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM () Delete
Name: KASTEN, KENNETH MD
Address: 2060 PARK CT
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH B. CHALAL, M.D.

PRES

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date