

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009298

FILED
Jan 05, 2010
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
Name: CHALAL, JOSEPH B MD
Address: 31 ANNA STREET
City-St-Zip: OCEAN RIDGE, FL 33435

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

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

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

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

I hereby 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 CHALAL, M.D.

P

01/05/2010

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