

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010433

FILED
Apr 07, 2009
Secretary of State

Entity Name: WESTSIDE OUTPATIENT CENTER, L.L.C.

Current Principal Place of Business:

460 N. STATE ROAD 7
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

460 N. STATE ROAD 7
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-1078372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
2424 N. FEDERAL HWY SUITE 160
BOCA RATON, FL 33431 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: MGR () Delete
Name: MONTIJO, HARVEY
Address: 460 N. STATE ROAD 7
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGR () Delete
Name: YEE, GARVIN
Address: 460 N. STATE ROAD 7
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES:

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: MONTIJO, HARVEY

MGR

04/07/2009

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