

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90085 020 ****50.00

DOCUMENT # L00000010500



1. Entity Name
DELRAY OUTPATIENT PROPERTIES, L.L.C.

Principal Place of Business
**2424 N. FEDERAL HWY., SUITE 456
BOCA RATON FL 33431**

Mailing Address
**2424 N. FEDERAL HWY., SUITE 456
BOCA RATON FL 33431**

J0001000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1107465**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENKHAUS, DAVID J
2424 N. FEDERAL HWY., SUITE 456
BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|-----------------------------------|------------------------|-------------------------------------|
| MGRM | MEMKHAUS, DAVID J | 1325 SO. CONGRESS AVE., SUITE 211 | BOYNTON BEACH FL 33426 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|--------------------|----------------------|-------------------------|---------------------------------|--|
| MGRM | Dosch, Mark R | 4615 Pine Tree Dr | Boynton Beach, FL 33436 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MGR | DeBerome, James H. | 1422 SE Atlantic Dr. | Lantana, FL 33462 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MGR | Brown, Mark | 3159 NW 54th Street | Boca Raton, FL 33496 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MGR | Ibanez, Edgar | 4407 Woodfield Blvd. | Boca Raton, FL 33434 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]
SIGNATURE REQUIRED

4/21/03 5:15
940-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)