


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90128 003 ****50.00

DOCUMENT # L02000028573					
1. Entity Name PALM BEACH SURGERY CENTER, LLC.					
Principal Place of Business 1157 SR #7/ US #441 WELLINGTON, FL 33414			Mailing Address 1157 SR #7/ US #441 WELLINGTON, FL 33414		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number APPLIED FOR 611431700	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIPURANENI, KRISHNA 12983 SOUTHERN BOULEVARD SUITE 202 LOXAHATCHEE, FL 33414			7. Name and Address of New Registered Agent Name <u>KRISHNA TRIPURANENI</u> Street Address (P.O. Box Number is Not Acceptable) <u>1157 SOUTH S.R. #7</u> City <u>WELLINGTON</u> FL Zip Code <u>33414</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRIPURANENI, KRISHNA 12983 SOUTHERN BOULEVARD LOXAHATCHEE, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1157 SOUTH S.R. #7 WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>1-7-04</u> Daytime Phone # _____		