

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000011662

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** PALM BEACH SURGICAL ASSISTANTS, L.L.C.

**Current Principal Place of Business:**

15293 SUNNYLAND LANE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

15293 SUNNYLAND LANE  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 20-0923800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PUJOLS, JOSE R ESQ  
2701 SW LEJEUNE RD., STE. 401  
CORAL GABLES, FL 33134 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: BECKER, EDUARDO  
Address: 15293 SUNNYLAND LANE  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BECKER, EDWARD R  
Address: 15293 SUNNYLAND LANE  
City-St-Zip: WELLINGTON, FL 33414

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: EDWARD R. BECKER

MGR

01/16/2009

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