


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90308 023 \*\*\*\*\*50.00

<b>DOCUMENT # L03000017328</b> 1. Entity Name <b>THE SURGERY CENTER AT JENSEN BEACH, LLC</b>					
Principal Place of Business <b>3995 NW GOLDENROAD RD JENSEN BEACH FL 34957</b>			Mailing Address <b>3995 NW GOLDENROAD RD JENSEN BEACH FL 34957</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>MENKHAUS, DAVID J 2424 NORTH FEDERAL HWY., STE. 456 BOCA RATON FL 33431</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <b>PARE, PAUL MD</b> <b>304 HOSPITAL AVE</b> <b>STUART FL 34994</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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1st MOORE CR2E083 (10/06)

4. FEI Number <b>65-1198731</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**

*Paul Pare*

**MANAGING MEMBER**

**02/14/07**

**772-497-0020**

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

Date

Daytime Phone #