

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000017328

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** THE SURGERY CENTER AT JENSEN BEACH, LLC

**Current Principal Place of Business:**

3995 NW GOLDENROAD RD  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

3995 NW GOLDENROAD RD  
JENSEN BEACH, FL 34957

**New Mailing Address:**

**FEI Number:** 65-1198731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MENKHAUS, DAVID J  
1900 GLADES ROAD  
401  
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: P  
Name: PARE, PAUL MD  
Address: 3995 NW GOLDENROD RD  
City-St-Zip: JENSEN BEACH, FL 34957

I hereby 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: PAUL PARE

P

03/07/2012

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