

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038365

FILED
Jan 10, 2009
Secretary of State

Entity Name: NORTHPOINT SURGERY CENTER INVESTMENTS, LLC

Current Principal Place of Business:

5586 HIGH FLYER ROAD NORTH
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

5586 HIGH FLYER ROAD NORTH
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 26-0073479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRASKER, PAUL A
625 N. FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401 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: SCHWARTZ, MICHAEL L
Address: 2295 NW 53RD STREET
City-St-Zip: BOCA RATON, FL 33496

Title: MGR () Delete
Name: TANNENBAUM, BRUCE
Address: 5586 HIGH FLYER ROAD NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE TANNENBAUM

MGR

01/10/2009

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