

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90161 041 ****50.00

DOCUMENT # L03000052374

1. Entity Name
PALM BEACH SURGICAL ASSOCIATES, LLC



Principal Place of Business
**4665 SOUTH CONGRESS AVENUE
SUITE 100
LAKE WORTH, FL 33460 US**

Mailing Address
**4665 SOUTH CONGRESS AVENUE
SUITE 100
LAKE WORTH, FL 33460 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112004 Chg-LLC CR2E083 (10/03)

4. FEI Number

65-0450956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAUERBERG, ERIC M ESQ.
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
MGRM
SIMON, FRED L M.D.
4665 SOUTH CONGRESS AVENUE #100
LAKE WORTH, FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GOFF, STEVEN G M.D.
4665 SOUTH CONGRESS AVENUE #100
LAKE WORTH, FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ZELTZER, JACK N M.D.
4665 SOUTH CONGRESS AVENUE #100
LAKE WORTH, FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHIDAMBARAM, ARUL B M.D.
4665 SOUTH CONGRESS AVENUE #100
LAKE WORTH, FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MINNICK, KATHLEEN R M.D.
4665 SOUTH CONGRESS AVENUE #100
LAKE WORTH, FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
IBARROLA, A. MARIANO M.D.
4665 SOUTH CONGRESS AVENUE #100
LAKE WORTH, FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *X*

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

Fred Simon MD

2/16/4

561-964-2211

Date

Daytime Phone #