


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000052374 1. Entity Name PALM BEACH SURGICAL ASSOCIATES, LLC	
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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
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DO NOT WRITE IN THIS SPACE



01232005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0450956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SAUERBERG, ERIC M ESQ. 200 VILLAGE SQUARE CROSSING SUITE 102 PALM BEACH GARDENS, FL 33410

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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 (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMON, FRED L M.D. 4665 SOUTH CONGRESS AVENUE #100 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOFF, STEVEN G M.D. 4665 SOUTH CONGRESS AVENUE #100 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZELTZER, JACK N M.D. 4665 SOUTH CONGRESS AVENUE #100 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHIDAMBARAM, ARUL B M.D. 4665 SOUTH CONGRESS AVENUE #100 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINNICK, KATHLEEN R M.D. 4665 SOUTH CONGRESS AVENUE #100 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IBARROLA, A. MARIANO M.D. 4665 SOUTH CONGRESS AVENUE #100 LAKE WORTH, FL 33461

<p>000000200899 02/01/05-80025-018 50.00</p> DO NOT WRITE IN THIS SPACE

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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>1/25/05</u> <small>Daytime Phone #</small>
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