

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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**

FILED
Feb 13, 2006 08:00 AM
Secretary of State



01212006No Chg-LLC

CRZE083 (11/05)

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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

**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 _____

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, 2006**

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

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02/23/06-80063-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

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

Date

Daytime Phone #