

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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



01042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

000000538704
01/24/07-80086-016 50.00

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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IN THIS SPACE**

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 #