

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90032 030 \*\*\*138.75

**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

**60038871**



2. Principal Place of Business - No P.O. Box #

**1397 Medical Park Blvd**

3. Mailing Address

**1397 Medical Park Blvd**

Suite, Apt. #, etc.

**# 100**

Suite, Apt. #, etc.

**100**

04292008

Chg-LLC

CR2E083 (12/06)

City & State

**Wellington**

City & State

**71**

4. FEI Number

**65-0450956**

Applied For

Not Applicable

Zip

**33414**

Country

**USA**

Zip

**33414**

Country

**USA**

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

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	SIMON, FRED L M.D.	
STREET ADDRESS	4665 SOUTH CONGRESS AVENUE #100	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOFF, STEVEN G M.D.	
STREET ADDRESS	4665 SOUTH CONGRESS AVENUE #100	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ZELTZER, JACK N M.D.	
STREET ADDRESS	4665 SOUTH CONGRESS AVENUE #100	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHIDAMBARAM, ARUL B M.D.	
STREET ADDRESS	4665 SOUTH CONGRESS AVENUE #100	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	MINNICK, KATHLEEN R M.D.	
STREET ADDRESS	4665 SOUTH CONGRESS AVENUE #100	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	IBARROLA, A. MARIANO M.D.	
STREET ADDRESS	4665 SOUTH CONGRESS AVENUE #100	
CITY-ST-ZIP	LAKE WORTH, FL 33461	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #