

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000052374

FILED
Mar 18, 2010
Secretary of State

Entity Name: PALM BEACH SURGICAL ASSOCIATES, LLC

Current Principal Place of Business:

1397 MEDICAL PARK BLVD STE 100
LAKE WORTH, FL 33460 US

New Principal Place of Business:

1397 MEDICAL PARK BLVD STE 100
WELLINGTON, FL 33414 US

Current Mailing Address:

1397 MEDICAL PARK BLVD STE 100
LAKE WORTH, FL 33460 US

New Mailing Address:

1397 MEDICAL PARK BLVD STE 100
WELLINGTON, FL 33414 US

FEI Number: 65-0450956 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: MICHELE LEGUE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GOFF, STEVEN G M.D.
Address: 1397 MEDICAL PARK BLVD, STE 100
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM
Name: ZELTZER, JACK N M.D.
Address: 1397 MEDICAL PARK BLVD, STE 100
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM
Name: CHIDAMBARAM, ARUL B M.D.
Address: 1397 MEDICAL PARK BLVD, STE 100
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM
Name: IBARROLA, A. MARIANO M.D.
Address: 1397 MEDICAL PARK BLVD, STE 100
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MICHELE LEGUE

MGR

03/18/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date