

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000052374

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** PALM BEACH SURGICAL ASSOCIATES, LLC

**Current Principal Place of Business:**

1397 MEDICAL PARK BLVD STE 100  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

1397 MEDICAL PARK BLVD STE 100  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 65-0450956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**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

01/06/2011

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