

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2

FILED
May 14, 2007 8:00 am
Secretary of State

04-23-2007 90373 015 ****55.00

30007803



DOCUMENT # L04000044218 1. Entity Name BOCA RATON MEDICAL & SURGICAL SPECIALISTS, LLC					
Principal Place of Business 9980 CENTRAL PARK BLVD NORTH STE. 124 BOCA RATON, FL 33428			Mailing Address 9980 CENTRAL PARK BLVD NORTH STE. 124 BOCA RATON, FL 33428		
2. Principal Place of Business - No P.O. Box # 1601 Clint Moore Rd. Suite, Apt. #, etc. Ste. 120 City & State Boca Raton, FLORIDA Zip 33487		3. Mailing Address 6400 Congress Avenue Suite, Apt. #, etc. Suite 1400 City & State Boca Raton, Florida Zip 33487		Country Palm Beach	
4. FEI Number 56-2469597				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				04192007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent MENKHAUS, DAVID J 1900 GLADES ROAD STE 401 BOCA RATON, FL 33431			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 re-appointing)					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NACHLAS, NATHAN E M.D. 9980 CENTRAL PARK BLVD NORTH #124 BOCA RATON, FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Ray Katzin, M.D. 1601 Clint Moore Rd. Ste. 120 Boca Raton, Florida 33487	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Harvey Plosker, M.D. 1601 Clint Moore Rd Ste. 160 Boca Raton, Florida 33487	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Samuel Jacobson, M.D. 1601 Clint Moore Rd. Ste. 100 Boca Raton, Florida 33487	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Marc Schlosser, M.D. 1601 Clint Moore Rd. Ste. 125 Boca Raton, Florida 33487	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Tom Bartzakis, M.D. 1601 Clint Moore Rd., Ste. 145 Boca Raton, Florida 33487	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Larry Levin, M.D. 1601 Clint Moore Rd., Ste 125 Boca Raton, Florida 33487	☐ Change ☒ Addition
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: <u>By: [Signature]</u> Nathan Nachlas <u>4/20/07</u> <u>561-350-5120</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000044218

1. Entity Name
BOCA RATON MEDICAL & SURGICAL SPECIALISTS, LLC



Principal Place of Business
9980 CENTRAL PARK BLVD NORTH STE. 124
BOCA RATON, FL 33428

Mailing Address
9980 CENTRAL PARK BLVD NORTH STE. 124
BOCA RATON, FL 33428

ATTACHMENT

30007803

2. Principal Place of Business - No P.O. Box #
1601 Clint Moore Rd.

3. Mailing Address
6400 Congress Avenue

Suite, Apt. #, etc.
Ste. 170

Suite, Apt. #, etc.
Suite 1400

04192007 Chg-LLC CR2E083 (12/06)

City & State
Boca Raton, FLORIDA

City & State
Boca Raton, Florida

4. FEI Number
56-2469597

Applied For
Not Applicable

Zip
33487

Country
Palm Beach

Zip
33487

Country
Palm Beach

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENKHAUS, DAVID J
1900 GLADES ROAD STE 401
BOCA RATON, FL 33431

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
NACHLAS, NATHAN E M.D.
9980 CENTRAL PARK BLVD NORTH #124
BOCA RATON, FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Manager
Jeffrey Gross, M.D.
1601 Clint Moore Rd, Ste. 115
Boca Raton, FLORIDA 33487 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Manager
Mark Widick, M.D.
1601 Clint Moore Rd, Ste. 105
Boca Raton, Florida 33487 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Manager
Roger Brito, M.D.
1601 Clint Moore Rd Ste. 180
Boca Raton, Florida 33487 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Manager
Mark Licht, M.D.
1601 Clint Moore Rd. Ste. 182
Boca Raton, Florida 33487 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Manager, President
Nathan Nachlas, MD
1601 Clint Moore Rd
Boca Raton, Florida 33487 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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: Nathan Nachlas

561-350-5120

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

Date

Daytime Phone #