

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044218

FILED
Apr 20, 2009
Secretary of State

Entity Name: BOCA RATON MEDICAL & SURGICAL SPECIALISTS, LLC

Current Principal Place of Business:

1601 CLINT MOORE RD
SUITE 170
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6400 CONGRESS AVE
SUITE 1400
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 56-2469597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
1900 GLADES ROAD STE 401
BOCA RATON, FL 33431 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: MGR () Delete
Name: NACHLAS, NATHAN E M.D.
Address: 1601 CLINT MOORE ROAD STE. 170
City-St-Zip: BOCA RATON, FL 33428

Title: MGR () Delete
Name: KATZIN, ROY MD
Address: 1601 CLINT MOORE RD SUITE 120
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: PLOSKER, HARVEY MD
Address: 1601 CLINT MOORE RD SUITE 160
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: JACOBSON, SAMUEL MD
Address: 1601 CLINT MOORE RD SUITE 175
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: SCHLOSSER, MARC MD
Address: 1601 CLINT MOORE RD SUITE 175
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: BARTZOKIS, TOM MD
Address: 1601 CLINT MOORE RD SUITE 145
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: NATHAN NACHLAS

MGR

04/20/2009

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