

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005452

FILED  
Apr 19, 2006  
Secretary of State

**Entity Name:** DELRAY AMBULATORY SURGICAL & LASER CENTER, P.L.

**Current Principal Place of Business:**

1900 CORPORATE BOULEVARD  
SUITE 225 WEST  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

4800 LINTON BLVD., BLD B  
DELRAY BEACH, FL 33445 US

**Current Mailing Address:**

1900 CORPORATE BOULEVARD  
SUITE 225 WEST  
BOCA RATON, FL 33431 US

**New Mailing Address:**

4800 LINTON BLVD., BLD B  
DELRAY BEACH, FL 33445 US

**FEI Number:** 20-2182065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEREK A. SCHWARTZ, P.A.  
1900 CORPORATE BOULEVARD  
SUITE 225 WEST  
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: MELLMAN, ROBERT  
Address: 17568 E. FIELDBROOK CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

Title: MGR ( ) Delete  
Name: MEADOWS, STEVE  
Address: 6318 NW 40TH COURT  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 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: MELLMAN, ROBERT

MD

04/19/2006

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