

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90026 005 \*\*\*143.75

**DOCUMENT # L05000005452**

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



Principal Place of Business  
**4800 LINTON BLVD., BLD B  
DELRAY BEACH, FL 33445 US**

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

**50005433**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-2182065**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DEREK A. SCHWARTZ, P.A.  
1900 CORPORATE BOULEVARD  
SUITE 225 WEST  
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR** ☒ Delete  
NAME **MELLMAN, ROBERT**  
STREET ADDRESS **17568 E. FIELDBROOK CIRCLE**  
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **MGR** ☒ Delete  
NAME **MEADOWS, STEVE**  
STREET ADDRESS **6318 NW 40TH COURT**  
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **MICHAEL LEVINE M.D.**  
STREET ADDRESS **265 CORDOVA RD**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **SIRTAN, SIBIA, D.O.**  
STREET ADDRESS **17625 FIELDBROOK CIR W**  
CITY-ST-ZIP **BOCA RATON FL 33496**

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

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

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

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

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:**

*Nona Murphy* **NONA MURPHY**

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

**2/22/08**

Date

**561.495.9111**

Daytime Phone #