

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005452

FILED
Feb 18, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

DEREK A. SCHWARTZ, P.A.
2385 NW EXECUTIVE CENTER DRIVE
SUITE 190
BOCA RATON, FL 33431 US

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:

02/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEVINE, MICHAEL MD
Address: 255 CORDOVA RD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: SIBIA, SIRTAAZ
Address: 17825 FIELDBROOK CIR WEST
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 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: DEREK A. SCHWARTZ

REG

02/18/2009

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