

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000005452

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

4800 LINTON BLVD.  
BUILDING 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 (X)**

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

BCRA, LLC  
7777 GLADES ROAD  
SUITE 300  
BOCA RATON, FL 33434 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  
**Name:** DASLC MANAGEMENT, INC.  
**Address:** C/O PARKCREEK, 6806 N. STATE ROAD 7  
**City-St-Zip:** COCONUT CREEK, FL 33073

I hereby 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:** SAUL EPSTEIN

MGR

02/21/2011

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