

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90154 042 \*\*\*\*55.00

**DOCUMENT # L05000037501**

1. Entity Name  
**BOCA RATON MEDICAL AND SURGICAL SPECIALISTS  
MANAGEMENT COMPANY, LLC**



Principal Place of Business  
**6400 CONGRESS AVENUE, SUITE 1400  
BOCA RATON, FL 33487**

Mailing Address  
**6400 CONGRESS AVENUE, SUITE 1400  
BOCA RATON, FL 33487**

40124000



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

3. Mailing Address

07032007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3237751

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NACHLAS, NATHAN E  
6400 CONGRESS AVENUE, SUITE 1400  
BOCA RATON, FL 33487**

Name

**Nathan E. Nachlas**

Street Address (P.O. Box Number is Not Acceptable)

**1601 Clint Moore Road Suite 170**

City

**Boca Raton**

**FL**

Zip Code  
**33487**

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

By:

**Nathan E. Nachlas**

**7/3/2007**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
NACHLAS, NATHAN E  
6400 CONGRESS AVENUE, SUITE 1400  
BOCA RATON, FL 33487** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR,  
NACHLAS, NATHAN E.  
1601 Clint Moore Rd. Ste. 170  
Boca Raton, Florida 33487** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KATZIN, ROY  
1601 Clint Moore Rd. Ste. 120  
Boca Raton, Florida 33487** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JACOBSON, SAMUEL  
1601 Clint Moore Rd. Ste. 100  
Boca Raton, Florida 33487** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SCHLOSSER, MARC  
1601 Clint Moore Rd. Ste. 175  
Boca Raton, Florida 33487** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BARTZOKIS, THOMAS  
1601 Clint Moore Rd. Ste. 145  
Boca Raton, Florida 33487** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LEVIN, LARRY  
1601 Clint Moore Rd., Ste. 125  
Boca Raton, Florida 33487** ☐ Change ☒ Addition

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:**

By:

**Nathan E.  
Nachlas - MGR**

**7/3/2007**

**561-939-  
0900**

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

Date

Daytime Phone #

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## ATTACHMENT

<b>DOCUMENT # L05000037501</b>					
<b>1. Entity Name</b> BOCA RATON MEDICAL AND SURGICAL SPECIALISTS MANAGEMENT COMPANY, LLC					
<b>Principal Place of Business</b> 6400 CONGRESS AVENUE, SUITE 1400 BOCA RATON, FL 33487			<b>Mailing Address</b> 6400 CONGRESS AVENUE, SUITE 1400 BOCA RATON, FL 33487		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07032007    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> 20-3237751				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
NACHLAS, NATHAN E 6400 CONGRESS AVENUE, SUITE 1400 BOCA RATON, FL 33487			Name <u>Nathan E. Nachlas</u> Street Address (P.O. Box Number is Not Acceptable) <u>1601 Clint Moore Rd. Ste. 170</u> City <u>Boca Raton</u> <b>FL</b> Zip Code <u>33487</u>		
<b>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.</b>					
SIGNATURE <u>Nathan E. Nachlas</u> <small>Signature, typed or printed name of registered agent, and title if applicable.</small>			DATE <u>7/3/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM <b>NAME</b> NACHLAS, NATHAN E <b>STREET ADDRESS</b> 6400 CONGRESS AVENUE, SUITE 1400 <b>CITY-ST-ZIP</b> BOCA RATON, FL 33487	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> JEFFREY GROSS <b>STREET ADDRESS</b> 1601 CLINT MOORE RD. STE. 115 <b>CITY-ST-ZIP</b> BOCA RATON, FLORIDA 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> WIDICK, MARK <b>STREET ADDRESS</b> 1601 CLINT MOORE RD, STE 105 <b>CITY-ST-ZIP</b> BOCA RATON, FLORIDA 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> BRITO, ROGER <b>STREET ADDRESS</b> 1601 CLINT MOORE RD, STE. 180 <b>CITY-ST-ZIP</b> BOCA RATON, FLORIDA 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> LIGHT, MARK <b>STREET ADDRESS</b> 1601 CLINT MOORE RD, STE. 182 <b>CITY-ST-ZIP</b> BOCA RATON, FLORIDA 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> PLOSKE, HARVEY <b>STREET ADDRESS</b> 1601 CLINT MOORE RD, STE 160 <b>CITY-ST-ZIP</b> BOCA RATON, FLORIDA 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>SIGNATURE:</b> <u>Nathan E. Nachlas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>7/3/07</u> 561-939-0900 <small>Daytime Phone #</small>		