

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037501

FILED  
Apr 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1601 CLINT MOORE ROAD STE 170  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

6400 CONGRESS AVENUE, SUITE 1400  
BOCA RATON, FL 33487

**New Mailing Address:**

1601 CLINT MOORE RD STE 170  
BOCA RATON, FL 33487

**FEI Number:** 20-3237751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NACHLAS, NATHAN E MD  
1601 CLINT MOORE RD STE 170  
BOCA RATON, FL 33482 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: MGRM ( ) Delete  
Name: NACHLAS, NATHAN E MD  
Address: 1601 CLINT MOORE RD STE 170  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR ( ) Delete  
Name: KATZIN, ROY MD  
Address: 1601 CLINT MOORE RD STE 120  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR ( ) Delete  
Name: JACOBSON, SAMUEL MD  
Address: 1601 CLINT MOORE RD STE 175  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR ( ) Delete  
Name: SCHLOSSER, MARC MD  
Address: 1601 CLINT MOORE RD STE 175  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR ( ) Delete  
Name: BARTZOKIS, THOMAS MD  
Address: 1601 CLINT MOORE RD STE 145  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR ( ) Delete  
Name: LEVIN, LARRY MD  
Address: 1601 CLINT MOORE RD STE 125  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NATHAN NACHLAS

MGR

04/20/2009

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