

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000037501

**FILED**  
**Jan 18, 2011**  
**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:**

1601 CLINT MOORE ROAD STE 215  
BOCA RATON, FL 33487

**Current Mailing Address:**

1601 CLINT MOORE RD STE 170  
BOCA RATON, FL 33487

**New Mailing Address:**

1601 CLINT MOORE ROAD STE 215  
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  
**Name:** NACHLAS, NATHAN E MD  
**Address:** 1601 CLINT MOORE RD STE 170  
**City-St-Zip:** BOCA RATON, FL 33487

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

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

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

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

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

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:** TODD BLUM

CFO

01/18/2011

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