


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State


DOCUMENT # L06000029039

1. Entity Name
SURGICAL SPECIALISTS OF BOCA RATON, LLC



Principal Place of Business 501 GLADES ROAD BOCA RATON, FL 33434	Mailing Address 501 GLADES ROAD BOCA RATON, FL 33434
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DO NOT WRITE IN THIS SPACE



02082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4532785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PLOSKER, HARVEY
 501 GLADES ROAD
 BOCA RATON, FL 33432**

DO NOT WRITE IN THIS SPACE

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: *Harvey Plosker* DATE: 2/8/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000009821971
 02/19/08-80048-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PLOSKER, HARVEY M.D. 501 GLADES ROAD BOCA RATON, FL 33432
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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: *Harvey Plosker* DATE: 2/8/08 DAYTIME PHONE #: 561-362-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #