

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090209

FILED
Jan 22, 2008
Secretary of State

Entity Name: BOCA RATON CENTER FOR OFFICE SURGERY, LLC

Current Principal Place of Business:

6200 N. FEDERAL HIGHWAY
BOCA RATON, FL 33487

New Principal Place of Business:

6200 N. FEDERAL HIGHWAY
BOCA RATON, FL 33487 US

Current Mailing Address:

6200 N. FEDERAL HIGHWAY
BOCA RATON, FL 33487

New Mailing Address:

6200 N. FEDERAL HIGHWAY
BOCA RATON, FL 33487 US

FEI Number: 58-2676252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSTRZENSKI, BARTOSZ
1500 W. CYPRESS CREEK ROAD
305
FORT LAUDERDALE, FL 33309 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: RECIO, FERNANDO
Address: 6200 N. FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: RECIO, CAROLE
Address: 6200 N. FEDERAL HIGHWAY
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:

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: FERNANDO O. RECIO

MGRM

01/22/2008

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