

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000080380

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** BETH ISRAEL OUTPATIENT SURGICAL CENTER, LLC

**Current Principal Place of Business:**

150 SOUTH ANDREWS AVE SUITE 450  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

150 SOUTH ANDREWS AVE SUITE 450  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 27-0830441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANK, WEINBERG & BLACK, P.L.  
1800 NORTH MILITARY TRAIL SUITE 170  
BOCA RATON, FL 33431 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:** SIMON, ROBERT MD  
**Address:** 150 SOUTH ANDREWS AVE SUITE 450  
**City-St-Zip:** POMPAN0 BEACH, FL 33069

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: VALERIE O'BRIEN

BKPR

04/30/2012

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