

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000128409

Entity Name: PALM BEACH ASC, LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

631 U.S. HIGHWAY 1  
SUITE 303  
NORTH PALM BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

631 U.S. HIGHWAY 1  
SUITE 303  
NORTH PALM BEACH, FL 33408 US

**New Mailing Address:**

FEI Number: 90-0642402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PECK, DEBORAH C  
631 U.S. HIGHWAY 1  
SUITE 303  
NORTH PALM BEACH, FL 33408 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: DTK MEDICAL MANAGEMENT, LLC  
Address: 631 U.S. HIGHWAY 1, SUITE 303  
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: MGRM  
Name: PALM BEACH ANESTHESIA GROUP, LLC  
Address: 631 U.S. HIGHWAY 1, SUITE 303  
City-St-Zip: NORTH PALM BEACH, FL 33408 US

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: DEBORAH PECK

MGRM

04/27/2012

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