

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L99000005027

1. Entity Name
DOCTORS OUTPATIENT SURGERY CENTER OF JUPITER, L.

00 APR 17 PM 3: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3401 PGA BLVD
STE 500
PALM BEACH GARDENS FL 33410

Mailing Address
3401 PGA BLVD
STE 500
PALM BEACH GARDENS FL 33410-2825



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0953183

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENKHAUS, DAVID J
4800 NORTH FEDERAL HWY, STE 210-A
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME THIBEAU, BEN
STREET ADDRESS 3401 PGA BLVD., STE 500
CITY- ST- ZIP PALM BEACH GARDENS FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR
NAME ROSENBLUM, PAUL
STREET ADDRESS 3401 PGA BLVD., STE 500
CITY- ST- ZIP PALM BEACH GARDENS FL

TITLE
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CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)