APPROVED -

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900005027 1. Entity Name DOCTORS OUTPATIENT SURGERY CENTER OF JUPITER, L.					F	FILED		
					00 APR 17 PM 3: 02			
			•		SECRETA	RY OF STATE	.	
Principal Place of Busi	nace	Mailing Address			TALLAHA	SSEE, FLORID	Ā	
onincipal Place of Busi 3401 PGA BLVD	ness	3401 PGA BLVD		ļ				
STE 500		STE 500						
PALM BEACH GARDEN	S FL 33410	PALM BEACH GARDEN	S FL 33410-2825		# 1881 1811 BIO 1811 BIO 1811 BI			
. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT	WRITE IN THIS SPAC	CE	
City & Canal		City P State		Mi	Number 65 0056		T Ani	olied For
City & State		City & State		4. FC11	65-0953	3183		Applicable
Zip	Country	Zip	Country	5. Cert	tificate of Status Desir	red 🖸 Fee	.00 Addi Required	itional
6. Na	ame and Address of Curren	t Registered Agent			ne and Address of N	ew Registered Ager	nt	
MENKHAUS, DAV	ID J		Name					
•	DERAL HWY, STE 210-A		Street	t Address (P.O. Box N	Number is Not Accep	otable)		
BOCA RATON FL	33431							
			City	·		FL	Zip Code	•
			·					
. The above named e	entity submits this statement	for the purpose of changing i	ts registered office	or registered agent,	, or both, in the State	of Florida.		
	entity submits this statement	for the purpose of changing i	ts registered office	or registered agent,	, or both, in the State	of Florida.		
NGNATI IRE	entity submits this statement			or registered agent,		of Florida.		
NGNATI IRE	·	nt and title if applicable. (No	DTE: Registered Agent sig	nature required when reinsta				
SIGNATURE Signature, 1	·	nt and title if applicable. (No FILE I Make Check I	DTE: Registered Agent sig	nature required when reinstates \$50.00	ating)			
SIGNATURE Signature, 1 D. Signature MGR THIBE TREET ADDRESS 3401 F	MANAGING MEM AU, BEN PGA BLVD., STE 500	nt and title if applicable. (No FILE I Make Check F	NOW!!! FEE IS Payable to Depa 10. TITLE NAME 8TREET ADDRES	inature required when reinstates \$50.00 artment of State	ating)	DATE ONS/CHANGES	Change	Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER