

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90504 023 *****50.00

DOCUMENT # L99000005027 1. Entity Name DOCTORS OUTPATIENT SURGERY CENTER OF JUPITER, L.L.C.			
Principal Place of Business 3801 PGA BLVD. SUITE 602 PALM BEACH GARDENS, FL 33410		Mailing Address 3801 PGA BLVD. SUITE 602 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business 3602 Kyoto Gardens Drive Suite, Apt. #, etc.		3. Mailing Address 3602 Kyoto Gardens Drive Suite, Apt. #, etc.	
City & State Palm Beach Gardens, FL Zip Country 33410 US		City & State Palm Beach Gardens, FL Zip Country 33410 US	
4. FEI Number 65-0953183		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MENKHAUS, DAVID J 2424 NORTH FEDERAL HIGHWAY SUITE 160 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBLUM, PAUL 840 US HWY #1, SUITE 430 NORTH PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARGOLIES, RICHARD 3355 BURNS ROAD SUITE 205 PALM BEACH GARDENS, FLORIDA 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		5/1/04 561-799-3388	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	