

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005027

FILED
Apr 25, 2008
Secretary of State

Entity Name: DOCTORS OUTPATIENT SURGERY CENTER OF JUPITER, L.L.C.

Current Principal Place of Business:

3602 KYOTO GARDENS DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3602 KYOTO GARDENS DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-0953183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
2424 NORTH FEDERAL HIGHWAY
SUITE 160
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 () Delete
Name: ROSENBLUM, PAUL
Address: 120 CLIPPER LANE
City-St-Zip: JUPITER, FL 33477

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: ACOSTA, ROBERTO
Address: 863 COUNTRY CLUB DR.
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP () Change (X) Addition
Name: DAUBERT, JACK M
Address: 796 HARBOUR ISLE PLACE
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: VP () Change (X) Addition
Name: WEINER, RICHARD M
Address: 41 ST. THOMAS DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP () Change (X) Addition
Name: DATTOLO, ROBERT M
Address: 11871 LEETH COURTH
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VP () Change (X) Addition
Name: ROSEN, EVAN M
Address: 18711 RIO VISTA DR.
City-St-Zip: TEQUESTA, FL 33477

Title: VP () Change (X) Addition
Name: BASTIAN, ROBERT M
Address: 3225 SE BRAEMER WAY
City-St-Zip: PORT ST LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ROBERTO ACOSTA, MD

P

04/25/2008

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