

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005027

FILED  
Apr 27, 2009  
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:**

GERSON, GARY  
1645 PALM BEACH LAKES BLVD  
SUITE 1200  
WEST PALM BEACH, FL 33401 US

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: GARY GERSON

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

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

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

PRES

04/27/2009

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