

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005027

FILED  
Mar 24, 2010  
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:**

GERSON, GARY  
1645 PALM BEACH LAKES BLVD  
SUITE 1200  
WEST PALM BEACH, FL 33401 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: P  
Name: ACOSTA, ROBERTO  
Address: 863 COUNTRY CLUB DR.  
City-St-Zip: NORTH PALM BEACH, FL 33408

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

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

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

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

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

I hereby 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

03/24/2010

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