2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2011
Secretary of State

DOCUMENT# L99000005027

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:

BYRON, WILLIAM J
3602 KYOTO GARDENS DRIVE
PALM BEACH GARDENS, FL 33410 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: WILLIAM J. BYRON 03/02/2011
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 Statues.

SIGNATURE: ROBERTO ACOSTA P 03/02/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date