

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005027

FILED
Feb 20, 2012
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:

BYRON, WILLIAM J
3602 KYOTO GARDENS DRIVE
PALM BEACH GARDENS, FL 33410 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: CASSIE K SAHLBACH

BOM

02/20/2012

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