

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008387

1. Entity Name

BRCH OUTPATIENT SURGERY CENTER, L.L.C.

Principal Place of Business

800 MEADOWS ROAD  
BOCA RATON FL 33486

Mailing Address

800 MEADOWS ROAD  
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0970146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPRINKLE, PHILIP M II  
777 SOUTH FLAGLER DRIVE, SUITE 900  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name SPRINKLE, PHILIP M. II  
Street Address (P.O. Box Number is Not Acceptable)  
BOCA RATON COMMUNITY HOSPITAL  
800 MEADOWS ROAD  
City BOCA RATON FL Zip Code 33486

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 17, 2001

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR  
STREET ADDRESS BRCH CORPORATION  
CITY-ST-ZIP 800 MEADOWS ROAD  
BOCA RATON FL 33486 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003601884--0  
CITY-ST-ZIP -01/30/01--01081--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jan. 18, 2001

Date

(561)  
395-7100

Daytime Phone #

CR2E083 (11/00)

FILED

01 JAN 25 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE