

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90276 004 ****50.00

DOCUMENT # L99000008387

1. Entity Name

BRCH OUTPATIENT SURGERY CENTER, L.L.C.



Principal Place of Business
670 GLADES RD
SUITE 400
BOCA RATON FL 33431

Mailing Address
670 GLADES RD
SUITE 400
BOCA RATON FL 33431

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

7. Name and Address of New Registered Agent

SCRAGGINS, H. STACY
670 GLADES RD
SUITE 400
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE MGR ☒ Delete
NAME HOULE, JAMES M.D.
STREET ADDRESS 660 GLADES RD, STE 400
CITY-ST-ZIP BOCA RATON FL 33431

TITLE MGR ☐ Change ☒ Addition
NAME ANTHONY N. DARDANO, D.O.
STREET ADDRESS 1000 NW 9TH CT, #2002
CITY-ST-ZIP BOCA RATON, FL. 33486

TITLE MGR ☐ Delete
NAME ROSS, AARON M.D.
STREET ADDRESS 670 GLADES RD, STE 300
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE MGR ☒ Delete
NAME EISNER, TODD MD
STREET ADDRESS 951 NW 13TH STREET #2E
CITY-ST-ZIP BOCA RATON FL 33486

TITLE MGR ☐ Change ☒ Addition
NAME MARC E. TAUB, M.D.
STREET ADDRESS 670 GLADES RD, SUITE 200
CITY-ST-ZIP BOCA RATON, FL. 33431

TITLE MGR ☐ Delete
NAME RAUCH, MITCHELL MD
STREET ADDRESS 670 GLADES RD, STE 200
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

Date

Daytime Phone #