2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

0032345

02-04-2003 90057 016 ****50.00

DOCUMENT # L99000008387

1. Entity Name
BRCH OUTPATIENT SURGERY CENTER, L.L.C.

Principal Place of Business	Mailing Address
800 MEADOWS ROAD BOCA RATON FL 33486	800 MEADOWS ROAD BOCA RATON FL 33486

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
670 GLADES ROAD	670 GLADES ROAD
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: SUITE 400
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33431 Country: USA ~~PALM BEACH~~	Zip: 33431 Country: USA

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
SPRINKLE, PHILIP M II 800 MEADOWS RD. BOCA RATON FL 33486	Name: H. Stacy Scroggins Street Address (P.O. Box Number is Not Acceptable): 670 GLADES ROAD SUITE 400 City: BOCA RATON FL Zip Code: 33431

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] H. Stacy Scroggins mgr. 1/14/03
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, 2003

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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGR ☐ Delete NAME: HOULE, JAMES M.D STREET ADDRESS: 600 S. DIXIE HWY #103 CITY-ST-ZIP: BOCA RATON FL 33432		TITLE NAME STREET ADDRESS: 660 GLADES ROAD, SUITE 400 CITY-ST-ZIP: BOCA RATON, FL 33431	☒ Change ☐ Addition
TITLE: MGR ☐ Delete NAME: ROSS, AARON M.D STREET ADDRESS: 670 GLADES RD, #301 CITY-ST-ZIP: BOCA RATON FL 33486		TITLE NAME: ROSS, ANDREW M.D. STREET ADDRESS: 670 GLADES RD, SUITE 300 CITY-ST-ZIP: BOCA RATON, FL 33431	☒ Change ☐ Addition
TITLE: MGR ☐ Delete NAME: EISNEE, TODD M.D STREET ADDRESS: 951 NW 13TH STREET #2E CITY-ST-ZIP: BOCA RATON FL 33486		TITLE NAME: EISNER, TODD M.D. STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE: MGR ☐ Delete NAME: MITCHELL, RAUCH M.D STREET ADDRESS: 670 GLADES RD, #201 CITY-ST-ZIP: BOCA RATON FL 33486		TITLE NAME: RAUCH, MITCHELL M.D. STREET ADDRESS: 670 GLADES ROAD, Suite 200 CITY-ST-ZIP: BOCA RATON, FL 33431	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED [signature] H. Stacy Scroggins 1/14/03 561-630-6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)