2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State
02-04-2003 90057 016 ****50.00

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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 _____ H. Stacy Scroggins mgr. DATE 1/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BRCH CORPORATION 800 MEADOW ROAD BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HOULE, JAMES M.D 600 S. DIXIE HWY #103 BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	660 GLADES ROAD, SUITE 400 BOCA RATON, FL 33431	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROSS, AARON M.D 670 GLADES RD, #301 BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROSS, ANDREW M.D. 670 GLADES RD, SUITE 300 BOCA RATON, FL 33431	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR EISNEE, TODD M.D 951 NW 13TH STREET #2E BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EISNER, TODD M.D.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MITCHELL, RAUCH M.D 670 GLADES RD, #201 BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RAUCH, MITCHELL M.D. 670 GLADES ROAD, Suite 200 BOCA RATON, FL 33431	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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 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 #