
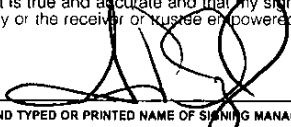


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # M99000001680			
1. Entity Name JUPITER OUTPATIENT SURGERY CENTER, LLC			
Principal Place of Business 2055 MILITARY TRAIL STE 100 JUPITER, FL 33458		Mailing Address 2055 MILITARY TRAIL STE 100 JUPITER, FL 33458	
DO NOT WRITE IN THIS SPACE			
		01082007 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 65-0925020	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SCROGGINS, H. STACY 1471 CADES BAY AVENUE JUPITER, FL 33458			DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR TAUB, SHELDON M.D 103 QUAYSIDE DR JUPITER, FL 33477		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MCCLAIN, GARY 2055 N MILITARY TRAIL STE 303 JUPITER, FL 33458		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR RIMMER, JOHN MD 210 JUPITER LAKES BLVD., #5000-202 JUPITER, FL 33458		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CAMPBELL, DAVID R 2055 N MILITARY TRAIL STE 303 JUPITER, FL 33458		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DEZIEL, LAWRENCE MD 2055 N MILITARY TRAIL STE 303 JUPITER, FL 33458		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR JUPITER SURGICAL PARTNER, INC. 1210 S. OLD DIXIE HWY JUPITER, FL 33458		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		1/11/07 561-741-1705	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	