

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 04, 2008 8:00 am**  
**Secretary of State**

08-04-2008 90053 026 \*\*\*538.75

**60046025**



<b>DOCUMENT # M99000001680</b> 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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0925020</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  SCROGGINS, H. STACY 1471 CADES BAY AVENUE JUPITER, FL 33458				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>				Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAUB, SHELDON M.D 103 QUAYSIDE DR JUPITER, FL 33477 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCLAIN, GARY 2055 N MILITARY TRAIL STE 303 JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIMMER, JOHN MD 210 JUPITER LAKES BLVD., #5000-202 JUPITER, FL 33458 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, DAVID R 2055 N MILITARY TRAIL STE 303 JUPITER, FL 33458 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEZIEL, LAWRENCE MD 2055 N MILITARY TRAIL STE 303 JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUPITER SURGICAL PARTNER, INC. 1210 S. OLD DIXIE HWY JUPITER, FL 33458 <input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAUL DELL UOMO 1210 South Old Dixie Hwy JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOW RASO 2055 N. military Trail, STE 100 JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jan Grigsby 1210 South Old Dixie Hwy JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAN GRIGSBY 1210 South Old Dixie Hwy JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> <u>H. Stacy Scroggins</u> <b>7/31/08 561-630-6277</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					