

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001680

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: JUPITER OUTPATIENT SURGERY CENTER, LLC

**Current Principal Place of Business:**

2055 MILITARY TRAIL  
STE 100  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

2055 MILITARY TRAIL  
STE 100  
JUPITER, FL 33458

**New Mailing Address:**

FEI Number: 65-0925020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCROGGINS, H. STACY  
1471 CADES BAY AVENUE  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VOMO, PAUL D  
Address: 1210 SOUTH OLD DIXIE HWY  
City-St-Zip: JUPITER, FL 33458

Title: MGR ( ) Delete  
Name: RASO, LOU  
Address: 2055 N MILITARY TRAIL STE 100  
City-St-Zip: JUPITER, FL 33458

Title: MGR ( ) Delete  
Name: RIMMER, JOHN MD  
Address: 210 JUPITER LAKES BLVD., #5000-202  
City-St-Zip: JUPITER, FL 33458

Title: MGR ( ) Delete  
Name: CAMPBELL, DAVID R  
Address: 2055 N MILITARY TRAIL STE 303  
City-St-Zip: JUPITER, FL 33458

Title: MGR ( ) Delete  
Name: GRIGSBY, JAN  
Address: 1210 SOUTH OLD DIXIE HWY  
City-St-Zip: JUPITER, FL 33458

Title: MGR ( ) Delete  
Name: JUPITER SURGICAL PAR, TNER, INC.  
Address: 1210 S. OLD DIXIE HWY  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DELL UOMO, PAUL D  
Address: 1210 SOUTH OLD DIXIE HWY  
City-St-Zip: JUPITER, FL 33458

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: H. STACY SCROGGINS

RA

01/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date