

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M990000001680

FILED  
Jan 05, 2011  
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  
Name: FEHR, MIKE  
Address: 1210 SOUTH OLD DIXIE HWY  
City-St-Zip: JUPITER, FL 33458

Title: MGR  
Name: DEZIEL, LAWRENCE P MD  
Address: 2055 N MILITARY TRAIL STE 100  
City-St-Zip: JUPITER, FL 33458

Title: MGR  
Name: SIMOVITCH, RYAN MD  
Address: 2055 MILITARY TRAIL  
City-St-Zip: JUPITER, FL 33458

Title: MGR  
Name: SCHWARTZ, MICHAEL D.O.  
Address: 875 MILITARY TRAIL, SUITE 210  
City-St-Zip: JUPITER, FL 33458

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

Title: MGR  
Name: JUPITER SURGICAL PARTNER, INC.  
Address: 1210 S. OLD DIXIE HWY  
City-St-Zip: JUPITER, FL 33458

I hereby 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: LAWRENCE P. DEZIEL, M.D.

MGR

01/05/2011

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