

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90059 012 ***150.00

DOCUMENT # P94000010937

1. Corporation Name

DELRAY OUTPATIENT SURGERY AND LASER CENTER, INC.

Principal Place of Business

4800 LINTON BOULEVARD
BUILDING B
DELRAY BEACH FL 33445

Mailing Address

5162 LINTON BOULEVARD
BUILDING 203
DELRAY BEACH FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1994

4. FEI Number

65-0457828

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MENOR, ARTHUR J
250 AUSTRALIAN AVENUE SOUTH, SUITE 500
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME COHEN, G. RICHARD MD
STREET ADDRESS 9980 CENTRAL BLVD., STE 204
CITY-ST-ZIP BOCA RATON FL 33428

☒ DELETE

TITLE P
NAME PEARLMAN, PETER M.D.
STREET ADDRESS 5258 LINTON BLVD., STE 204
CITY-ST-ZIP DELRAY BEACH FL 33484

☒ DELETE

TITLE ST
NAME SCHWARTZFARB, DAVID MD
STREET ADDRESS 5162 LINTON BLVD., STE 203
CITY-ST-ZIP DELRAY BEACH FL 33484

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Robert Mellman, MD
1.3 STREET ADDRESS 1000 NW 9th Court, STE 204
1.4 CITY-ST-ZIP BOCA RATON, FL 33486

☒ Change ☐ Addition

2.1 TITLE VP
2.2 NAME STEVEN SCHUSTER, MD
2.3 STREET ADDRESS 5130 LINTON BLVD, G7
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33484

☐ Change ☐ Addition

3.1 TITLE ST
3.2 NAME STEVE MEADOWS, MD
3.3 STREET ADDRESS 4800 LINTON BLVD, Bldg A
3.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)