

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90088 013 ***150.00

0327579

DOCUMENT # P94000010937

1. Entity 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**

*4800 Linton Blvd
 Bldg B
 Delray Beach, FL 33445*

719389

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4800 Linton Blvd.

Building B

Delray Beach, FL

33445



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0457828**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **MELLMAN, ROBERT DR**
 CITY-ST-ZIP **1000 NW 9TH COURT, STE 204
 BOCA RATON FL 33486**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **SCHUSTER, STEVEN DR**
 CITY-ST-ZIP **5130 LINTON BLVD., G7
 DELRAY BEACH FL 33484**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **MEADOWS, STEVE**
 CITY-ST-ZIP **4800 LINTON BLVD., BLDG. A
 DELRAY BEACH FL 33445**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert L Mellman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT MELLMAN 2-7-01 5613955408

Date

Daytime Phone #

CR2E034 (10/00)