


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000010937

1. Entity Name  
 DELRAY OUTPATIENT SURGERY AND LASER CENTER, INC.



Principal Place of Business      Mailing Address

4800 LINTON BOULEVARD      4800 LINTON BOULEVARD  
 BUILDING B                      BUILDING B  
 DELRAY BEACH, FL 33445      DELRAY BEACH, FL 33445

**DO NOT WRITE IN THIS SPACE**



01202004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0457828      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUSTER, STEVEN  
 4800 LINTON BLVD  
 BLDG B  
 DELRAY BEACH, FL 33445

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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.

SIGNATURE: *Steven Schuster MD*      DATE: 3/10/04

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELLMAN, ROBERT DR 1000 NW 9TH COURT, STE 204 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHUSTER, STEVEN DR 5130 LINTON BLVD., G7 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEADOWS, STEVE 4800 LINTON BLVD., BLDG. A DELRAY BEACH, FL 33445
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 04/05/04-80015-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: *Steven Schuster MD*      DATE: 3/10/04      DAYTIME PHONE: 561-412-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #