2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000010937

FILED Apr 28, 2008 Secretary of State

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

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
4800 LINTON B	BOULEVAR	D		
BUILDING B DELRAY BEAC	CH, FL 334	45		
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
4800 LINTON B BUILDING B DELRAY BEAC				
FEI Number: 65-04	0457828	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
MELLMANI DO	BERT			
MELLMAN, RO 4800 LINTON B BLDG B DELRAY BEAC		45 US		
4800 LINTÓN B BLDG B DELRAY BEAC The above nam	CH, FL 334		purpose of changing its registere	d office or registered agent, or both,
4800 LINTÓN B BLDG B DELRAY BEAC The above nam n the State of F	CH, FL 334		purpose of changing its registere	d office or registered agent, or both,
4800 LINTÓN B BLDG B DELRAY BEAC The above nam n the State of F	CH, FL 334 ned entity su Florida.			d office or registered agent, or both, Date
4800 LINTÓN B BLDG B DELRAY BEAC The above nam n the State of F SIGNATURE:	CH, FL 334 ned entity si Florida. Electronio	ubmits this statement for the		
4800 LINTÓN B BLDG B DELRAY BEAC The above nam n the State of F SIGNATURE: 	CH, FL 334 ned entity su Florida. Electronic gn Financing	ubmits this statement for the construction of Registered Ag Trust Fund Contribution ().	ent	
4800 LINTÓN B BLDG B DELRAY BEAC The above nam n the State of F SIGNATURE: Election Campaig OFFICERS AN Title: P Name: MEL Address: 100	Electronic The property of th	ubmits this statement for the contribution (). ORS: Delete ERT DR DURT, STE 204	ent	Date

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MELLMAN P 04/28/2008