

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90074 015 \*\*\*150.00

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

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0457828**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**MELLMAN, ROBERT**  
**4800 LINTON BLVD**  
**BLDG B**  
**DELRAY BEACH FL 33445**

**7. Name and Address of New Registered Agent**

Name **SCHUSTER, STEVEN**  
Street Address (P.O. Box Number is Not Acceptable) **4800 LINTON BLVD**  
**Bldg B**  
City **DELRAY BEACH, FL** **FL** Zip Code **33445**

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

*STEVEN SCHUSTER, MD*  
(NOTE: Registered Agent signature required when reinstating)

**1-29-03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

**12. 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 10 or Block 11 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 #

**1/29/03** **561-495-9111**

CR2E034 (10/02)

*Attachment #*

**SHUTTS  
&  
BOWEN  
LLP**

ATTORNEYS AND COUNSELLORS AT LAW

*70032789*  
*P94000010937*

March 24, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: **Delray Outpatient Surgery and Laser Center, Inc.**

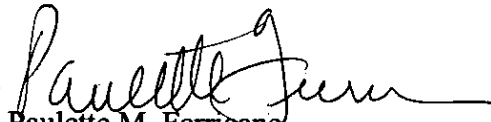
Ladies and Gentlemen:

Enclosed is the original 2003 Uniform Business Report for Delray Outpatient Surgery and Laser Center, Inc., together with a check in the amount of \$150.00 for filing fees.

Should you have any questions, please let me know (561-650-8521).

Sincerely,

SHUTTS & BOWEN LLP



Paulette M. Ferricane

Legal Assistant

Email: [pferricane@shutts-law.com](mailto:pferricane@shutts-law.com)

Enclosures

cc: Ms. Kenna Holzen  
Arthur J. Menor, Esquire