

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044218

Entity Name: BOCA RATON MEDICAL & SURGICAL SPECIALISTS, LLC**Current Principal Place of Business:**1601 CLINT MOORE RD
BOCA RATON, FL 33487**Current Mailing Address:**C/O GREENFIELD PROPERTIES INC.
900 BROKEN SOUND PKWY NW SUITE 125
BOCA RATON, FL 33487 US**FEI Number:** 56-2469597**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENKHAUS, DAVID J
1900 GLADES ROAD STE 401
BOCA RATON, FL 33431 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	NACHLAS, NATHAN E MD
Address	1601 CLINT MOORE ROAD STE. 170
City-State-Zip:	BOCA RATON FL 33428

Title	PRESIDENT
Name	KATZIN, ROY MD
Address	1601 CLINT MOORE RD SUITE 120
City-State-Zip:	BOCA RATON FL 33487

Title	MGR
Name	PLOSKER, HARVEY MD
Address	1601 CLINT MOORE RD SUITE 160
City-State-Zip:	BOCA RATON FL 33487

Title	MGR
Name	JACOBSON, SAMUEL MD
Address	1601 CLINT MOORE RD SUITE 175
City-State-Zip:	BOCA RATON FL 33487

Title	MGR
Name	SCHLOSSER, MARC MD
Address	1601 CLINT MOORE RD SUITE 178
City-State-Zip:	BOCA RATON FL 33487

Title	MGR
Name	BARTZOKIS, TOM MD
Address	1601 CLINT MOORE RD SUITE 145
City-State-Zip:	BOCA RATON FL 33487

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROY KATZIN**PRESIDENT****01/14/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date