

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000000609

**Entity Name:** 2096 EAST OCEAN BOULEVARD, L.C.

**Current Principal Place of Business:**

2096 SOUTHEAST OCEAN BLVD.  
STUART, FL 34996

**Current Mailing Address:**

31 SE HARBOR POINT DR.  
STUART, FL 34996

**FEI Number:** 65-0841296

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARATTA, ROBERT O  
31 SE HARBOR POINT DR  
STUART, FL 34996 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 MGRM  
Name SURGERY CENTER OF STUART, INC.  
Address 31 SE HARBOR POINT DR.  
City-State-Zip: STUART FL 34996

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT O BARATTA

MANAGER

04/13/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date