

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005027

**Entity Name:** DOCTORS OUTPATIENT SURGERY CENTER OF JUPITER,  
L.L.C.**FILED**  
**Jan 15, 2013**  
**Secretary of State**  
**CC9188224595****Current Principal Place of Business:**3602 KYOTO GARDENS DRIVE  
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**3602 KYOTO GARDENS DRIVE  
PALM BEACH GARDENS, FL 33410**FEI Number: 65-0953183****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BYRON, WILLIAM J  
3602 KYOTO GARDENS DRIVE  
PALM BEACH GARDENS, FL 33410 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	P
Name	ACOSTA, ROBERTO
Address	863 COUNTRY CLUB DR.
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	VP
Name	DAUBERT, JACK M
Address	796 HARBOUR ISLE PLACE
City-State-Zip:	NORTH PALM BEACH FL 33410

Title	VP
Name	WEINER, RICHARD M
Address	41 ST. THOMAS DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	DATTOLO, ROBERT M
Address	11871 LEETH COURTH
City-State-Zip:	WEST PALM BEACH FL 33412

Title	VP
Name	ROSEN, EVAN M
Address	18711 RIO VISTA DR.
City-State-Zip:	TEQUESTA FL 33477

Title	VP
Name	BASTIAN, ROBERT M
Address	3225 SE BRAEMER WAY
City-State-Zip:	PORT ST LUCIE FL 34952

Title	FINANCE MANAGER
Name	YU, JADE
Address	3602 KYOTO GARDENS DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410

*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: JADE YU****FINANCE MANAGER****01/15/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date