

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005027

**Entity Name:** DOCTORS OUTPATIENT SURGERY CENTER OF JUPITER,  
L.L.C.**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:** Yes**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	Title	VP
Name	ACOSTA, ROBERTO	Name	WEINER, RICHARD M
Address	863 COUNTRY CLUB DR.	Address	41 ST. THOMAS DRIVE
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	PALM BEACH GARDENS FL 33418
Title	VP	Title	VP
Name	DATTOLO, ROBERT M	Name	ROSEN, EVAN M
Address	11871 LEETH COURTH	Address	18711 RIO VISTA DR.
City-State-Zip:	WEST PALM BEACH FL 33412	City-State-Zip:	TEQUESTA FL 33477
Title	VP	Title	FINANCE MANAGER
Name	BASTIAN, ROBERT M	Name	REEVES, DAVID
Address	3225 SE BRAEMER WAY	Address	3602 KYOTO GARDENS DRIVE
City-State-Zip:	PORT ST LUCIE FL 34952	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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID REEVES

FINANCE MANAGER

03/04/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date