

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000000133

**Entity Name:** MIDTOWN OUTPATIENT SURGERY CENTER, LLC

**Current Principal Place of Business:**

4600 LINTON BLVD.  
SUITE 100  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

4600 LINTON BLVD.  
SUITE 100  
DELRAY BEACH, FL 33445

**FEI Number:** 27-4374243

**Certificate of Status Desired:** Yes

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

ELENGOLD, HELENE  
4600 LINTON BLVD.  
SUITE 100  
DELRAY BEACH, FL 33445 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:** HELENE ELENGOLD

04/08/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ELENGOLD, HELENE  
Address 4600 LINTON BLVD., SUITE 100  
City-State-Zip: DELRAY BEACH FL 33445

*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:** HELENE ELENGOLD

MGR

04/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date