

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006467

FILED
Mar 25, 2009
Secretary of State

Entity Name: TWIN LAKES SURGERY CENTER, LLC

Current Principal Place of Business:

1890 LPGA BOULEVARD, SUITE 200
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1890 LPGA BOULEVARD, SUITE 200
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 54-2097061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIANCHI, JOSEPH D MD
1890 LPGA BLVD STE 250
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARBIENER, PAMELA B M.D.
Address: 30 TWELVE OAKS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: GILLESPIE, ALBERT MD
Address: 1890 LPGA BLVD. STE. 200
City-St-Zip: DAYTONA BEACH, FL 32117

Title: MGR () Delete
Name: BIANCHI, JOSEPH D M.D.
Address: 311 N. CLYDE MORRIS BLVD., SUITE 550
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGR () Delete
Name: LEPHAM, DIANE MD
Address: 1890 LPGA BLVD STE 200
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JOSEPH D BIANCHI MD

MGR

03/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date