

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038278

FILED
Mar 30, 2010
Secretary of State

Entity Name: SOUTH PALM AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

1905 CLINT MOORE RD.
SUITE 115
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

1905 CLINT MOORE RD.
SUITE 115
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 20-0313969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: MGRM
Name: SALOMON, PETER
Address: 951 NW 13TH STREET NO 2E
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM
Name: FISHMAN, ROBERT
Address: 951 NW 13TH STREET NO. 2E
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM
Name: PROSCIA, VITO
Address: 951 NW 13TH STREET NO. 2E
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM
Name: BLOOM, HENRY H
Address: 187 ROUTE 36, SUITE 210
City-St-Zip: WEST LONG BRANCH, NJ 07764

I hereby 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: EDWARD HETRICK

MR

03/30/2010

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