

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038278

FILED
Jan 19, 2012
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: COHEN, M.D., RICHARD G.
Address: 3020 NORTH MILITARY TRAIL, SUITE 150
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM
Name: EISNER, M.D., TODD
Address: 951 NW 13TH STREET NO. 2E
City-St-Zip: BOCA RATON, FL 33486

Title: MGR
Name: GOLD, M.D., LEWIS
Address: 1613 N. HARRISON PARKWAY, SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: MGR
Name: WALTERS, MARK H
Address: 1613 N. HARRISON PARKWAY, SUITE 200
City-St-Zip: SUNRISE, FL 33323

Title: MGR
Name: PATRICK, SOLOMAN
Address: 1613 N. HARRISON PARKWAY, SUITE 200
City-St-Zip: SUNRISE, FL 33323

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: RICHARD G. COHEN

MGRM

01/19/2012

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