

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015663

**FILED**  
**Apr 16, 2009**  
**Secretary of State**

**Entity Name:** BRANDON AMBULATORY SURGERY CENTER, LC

**Current Principal Place of Business:**

2100 SE OCEAN BLVD STE 102  
STUART, FL 34996

**New Principal Place of Business:**

514 EICHENFELD DRIVE  
BRANDON, FL 33511

**Current Mailing Address:**

2100 SE OCEAN BLVD STE 102  
STUART, FL 34996

**New Mailing Address:**

**FEI Number:** 20-2387834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORTELL, EDWIN E ESQ  
416 S.E. FLAMINGO AVENUE  
STUART, FL 34996 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:** BRANDON MANAGEMENT GROUP, L.C.  
**Address:** 2100 S.E. OCEAN BLVD., SUITE 102  
**City-St-Zip:** STUART, FL 34996

**ADDITIONS/CHANGES:**

**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:** SCOTT R. BARATTA

MGRM

04/16/2009

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