

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013058

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: ST. MARK'S SURGICAL CENTER, L.L.C.

**Current Principal Place of Business:**

6820 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

6820 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 36-4577700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLAHARTY, PATRICK M MD  
11670 ROSEMOUNT DR  
FT. MYERS, FL 33913 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 ( ) Delete  
Name: PALMON, FLORENTINO MD  
Address: 11250 MAHOGANY RUN  
City-St-Zip: FT. MYERS, FL 33913

**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: FLORENTINO E. PALMON, MD

MGRM

01/14/2009

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