

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019305

FILED  
May 27, 2009  
Secretary of State

Entity Name: BARDMOOR SURGERY CENTER, LLC

**Current Principal Place of Business:**

% DONNA ST LOUIS  
8787 BRYAN DAIRY ROAD  
LARGO, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

% DONNA ST LOUIS  
8787 BRYAN DAIRY ROAD  
LARGO, FL 33777

**New Mailing Address:**

FEI Number: 20-4385452      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

KENNEDY, JAMES J III ESQ  
BUCHANAN INGERSOLL PC  
401 EAST JACKSON STREET, STE. 2500  
TAMPA, FL 33602 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: V ( ) Delete  
Name: ST LOUIS, DONNA  
Address: 8452 118TH AVE N  
City-St-Zip: LARGO, FL 33773

Title: D ( ) Delete  
Name: BURDEN, NANCY  
Address: 8452 118TH AVE N  
City-St-Zip: LARGO, FL 33773

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ST LOUIS, DONNA  
Address: 8452 118TH AVE N  
City-St-Zip: LARGO, FL 33773

Title: MGR (X) Change ( ) Addition  
Name: BURDEN, NANCY  
Address: 8452 118TH AVE N  
City-St-Zip: LARGO, FL 33773

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: NANCY BURDEN

MGR

05/27/2009

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