

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034904

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: SARASOTA PHYSICIANS SURGICAL CENTER, LLC

**Current Principal Place of Business:**

C/O J.A. ZISKIND, ESQ.  
3059 GRAND AVENUE, SUITE 300  
MIAMI, FL 33133

**New Principal Place of Business:**

3201 SOUTH TAMiami TRAIL  
SARASOTA, FL 34239

**Current Mailing Address:**

C/O J.A. ZISKIND, ESQ.  
3059 GRAND AVENUE, SUITE 300  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 43-2110985      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
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: MGR      ( ) Delete  
Name: ZISKIND, J A ESQ.  
Address: 3059 GRAND AVENUE, SUITE 300  
City-St-Zip: MIAMI, FL 33133

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Change (X) Addition  
Name: WEINKLE, DANA J M.D.  
Address: 3131 S. TAMiami TRAIL, SUITE 201  
City-St-Zip: SARASOTA, FL 34239

Title: MGR      ( ) Change (X) Addition  
Name: MARLOWE, ANDREW M M.D.  
Address: 5432 BEE RIDGE ROAD, SUITE 150  
City-St-Zip: SARASOTA, FL 34233

Title: MGR      ( ) Change (X) Addition  
Name: SUGAR, DAVID A M.D.  
Address: C/O SOA 2750 BAHIA VISTA ST., SUITE 100  
City-St-Zip: SARASOTA, FL 34239

Title: MGR      ( ) Change (X) Addition  
Name: YUNIS, JONATHAN P M.D.  
Address: 1921 WALDEMERE ST., SUITE 504  
City-St-Zip: SARASOTA, FL 34239

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: J.A. ZISKIND, ESQUIRE      MGR      03/31/2009

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