

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035194

FILED
Mar 14, 2012
Secretary of State

Entity Name: SSC PHYSICIANS, L.L.C.

Current Principal Place of Business:

C/O SARASOTA PHYSICIANS SURGICAL CENTER
3201 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

C/O SARASOTA PHYSICIANS SURGICAL CENTER
3201 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 43-2110984 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 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: MGR
Name: WEINKLE, DANA J M.D.
Address: 3131 SOUTH TAMIAMI TRAIL, SUITE 201
City-St-Zip: SARASOTA, FL 34239

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

Title: MGR
Name: SUGAR, DAVID A M.D.
Address: 2750 BAHIA VISTA STREET, SUITE 100
City-St-Zip: SARASOTA, FL 34239

Title: MGR
Name: YUNIS, JONATHAN P M.D.
Address: 1921 WALDEMERE STREET, SUITE 504
City-St-Zip: SARASOTA, FL 34239

Title: MGR
Name: ZISKIND, J. A
Address: 3059 GRAND AVE., SUITE 300
City-St-Zip: MIAMI, FL 33133

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: DANA WEINKLE

MGR

03/14/2012

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