2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# L07000088906

Entity Name: LAKE CITY SURGERY CENTER, LLC

Current Principal Place of Business:

404 NW HALL OF FAME DRIVE
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

120 N POINTE BLVD
STE 301
LANCASTER, PA 17601 US

New Mailing Address:

FEI Number: 26-0811545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINLEY, BRIAN J
404 NW HALL OF FAME DRIVE
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-252 US

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: KAREN PARR, ASST. SECRETARY 01/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SARNO ROAD ASSOCIATE, S, LLC
Address: 120 N POINTE BLVD, STE 301
City-St-Zip: LANCASTER, PA 17601 US

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: JOSEPH W DEERIN MGRM 01/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date