

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000099708

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** VERO BEACH OUTPATIENT SURGICAL CENTER, LLC

**Current Principal Place of Business:**

SUITE E, 1255 37TH STREET  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

SUITE E, 1255 37TH STREET  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 30-0385646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FILINGS, INC.  
3732 NORTHWEST 16TH STREET  
FORT LAUDERDALE, FL 33311 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  
Name: GREENWALD, BRETT  
Address: SUITE E, 1255 37TH STREET  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM  
Name: PADULA, JAMES  
Address: SUITE E, 1255 37TH STREET  
City-St-Zip: VERO BEACH, FL 32960

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: BRETT GREENWALD

MGRM

04/30/2010

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