

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000013058

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** ST. MARK'S SURGICAL CENTER, L.L.C.

**Current Principal Place of Business:**

6820 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

6820 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 36-4577700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLAHARTY, PATRICK M MD  
11670 ROSEMOUNT DR  
FT. MYERS, FL 33913 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:** PALMON, FLORENTINO MD  
**Address:** 11250 MAHOGANY RUN  
**City-St-Zip:** FT. MYERS, FL 33913

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: FLORENTINO PALMON, MD

MGRM

02/16/2011

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