

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000007816

**FILED**  
**Jun 13, 2011**  
**Secretary of State**

**Entity Name:** KEY BISCAYNE SURGERY CENTER LLC

**Current Principal Place of Business:**

580 CRANDON BLVD  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

180 CRANDON BLVD  
#114  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 27-1725488      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KHOURI, ROGER K  
180 CRANDON BLVD  
#114  
KEY BISCAYNE, FL 33149 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:** KHOURI, ROGER K  
**Address:** 180 CRANDON BLV #114  
**City-St-Zip:** KEY BISCAYNE, FL 33149

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: ROGER K. KHOURI      MGR      06/13/2011

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