

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101544

Entity Name: SURGERY CENTER AT UNIVERSITY PARK, LLC

Current Principal Place of Business:

C/O JONATHON ADLER, M.D.
983 SOUTH BENEVA RD.
SARASOTA, FL 34232

FILED
Jan 30, 2013
Secretary of State
CC5569162171

Current Mailing Address:

C/O JONATHON ADLER, M.D.
983 SOUTH BENEVA RD.
SARASOTA, FL 34232

FEI Number: 20-3757623

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ADLER, JONATHAN M.D.
Address 1509 53RD AVENUE W
City-State-Zip: BRADENTON FL 34207

Title MGR
Name DEEMS, DANIEL M.D.
Address 8451 SHADE AVENUE #107
City-State-Zip: SARASOTA FL 34243

Title MGR
Name BURNES, MARGERIE
Address 8451 SHADE AVENUE #206
City-State-Zip: SARASOTA FL 34243

Title MGR
Name ROYCE, JACQUELINE DO
Address 2401 UNIVERSITY PARK, STE. 206,
BLDG.1
City-State-Zip: SARASOTA FL 34243

Title MGR
Name MORGAN, RANDALL MD
Address 2415 UNIVERSITY PKWY
City-State-Zip: SARASOTA FL 34243

Title MGR
Name DORMAN, BRUCE MD
Address 311 MANATEE AVE. E.
City-State-Zip: BRADENTON FL 34208

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADLER, JONATHAN, M.D.

MGR

01/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date