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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANA WEINKLE

City-State-Zip: MIAMI FL 33133

Electronic Signature of Signing Authorized Person(s) Detail

| <u>2015</u> | FLORIDA LIMITED | LIABILITY COM | MPANY ANNUAL | REPORT |
|-------------|------------------------|---------------|--------------|--------|

DOCUMENT# L06000035194

Entity Name: SSC PHYSICIANS, L.L.C.

Current Principal Place of Business:

C/O SARASOTA PHYSICIANS SURGICAL CENTER 3201 SOUTH TAMIAMI TRAIL SARASOTA, FL 34239

Current Mailing Address:

C/O SARASOTA PHYSICIANS SURGICAL CENTER 3201 SOUTH TAMIAMI TRAIL SARASOTA, FL 34239

FEI Number: 43-2110984

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC. 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:

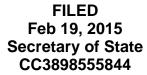
Electronic Signature of Registered Agent

Authorized Person(s) Detail :

| | Title | MGR | Title | MGR |
|---------|---------------------------------------|--|--------------------------|--------------------------------|
| | Name | WEINKLE, DANA JM.D. | Name | MARLOWE, ANDREW MM.D. |
| | Address | 3131 SOUTH TAMIAMI TRAIL, SUITE 201 | Address | 5432 BEE RIDGE ROAD, SUITE 150 |
| | City-State-Zip: | SARASOTA FL 34239 | City-State-Zip: | SARASOTA FL 34233 |
| | T :41 - | MGR | Title | MGR |
| | Title | | Name | YUNIS, JONATHAN PM.D. |
| | Name | SUGAR, DAVID AM.D. | Address | 1921 WALDEMERE STREET, SUITE |
| Address | 2750 BAHIA VISTA STREET, SUITE 100 | City-State-Zip: | 504 SARASOTA FL 34239 | |
| | City-State-Zip: | SARASOTA FL 34239 | City-State-Zip. | SARASUTA EL 34239 |
| | Title | MGR | | |
| | Name | ARVIN, KEN I ESQ. | | |
| | Name | ARVIN, KENTESQ. | | |
| | Address | 3059 GRAND AVE., SUITE 300 | | |

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

MGR



Date

Certificate of Status Desired: No

Date