

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000117750

Entity Name: SFM SURGERY IX, LLC

Current Principal Place of Business:

3343 STATE ROAD 7
WELLINGTON, FL 33449

Current Mailing Address:

3343 STATE ROAD 7
WELLINGTON, FL 33449

FEI Number: 61-1662494

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, RAVI
3343 STATE ROAD 7
WELLINGTON, FL 33449 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 MGRM
Name SOUTH FLORIDA MEDICINE, LLC
Address 3343 STATE ROAD 7
City-State-Zip: WELLINGTON FL 33449

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

SIGNATURE: SOUTH FLORIDA MEDICINE, LLC

MGRM

02/11/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date