

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000141510

Entity Name: SUNSHINE STATE SURGICENTER ASSOCIATES, LLC

Current Principal Place of Business:

1655 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972

Current Mailing Address:

1655 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972 US

FEI Number: 45-5022796

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANZA, JOHN MD
1655 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972 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 LANZA, JOHN MD
Address 1655 HIGHWAY 441 NORTH
City-State-Zip: OKEECHOBEE FL 34972

Title MGR
Name SLUTSKY, BRADFORD MD
Address 1655 HIGHWAY 441 NORTH
City-State-Zip: OKEECHOBEE FL 34972

Title MGR
Name ESPIRITU, MIGUEL MD
Address 1655 HIGHWAY 441 NORTH
City-State-Zip: OKEECHOBEE FL 34972

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: JOHN LANZA

PRESIDENT

01/03/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date