

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008598

FILED
Jan 15, 2009
Secretary of State

Entity Name: SOUTH FLORIDA AMBULATORY SURGICAL CENTER, LLC

Current Principal Place of Business:

6110 SW 70TH STREET
SOUTH MIAMI, FL 33413

New Principal Place of Business:

555 KINDERKAMACK ROAD
ORADELL, NJ 07649

Current Mailing Address:

6110 SW 70TH STREET
SOUTH MIAMI, FL 33413

New Mailing Address:

ATTN: SURGEM
555 KINDERKAMACK ROAD
ORADELL, NJ 07649

FEI Number: 65-1093026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRESNICK, STEPHEN
6110 SW 70TH STREET
SOUTH MIAMI, FL 33413 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 () Delete
Name: DRESNICK, STEPHEN M.D.
Address: 6110 S.W. 70TH STREET
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: MGR () Delete
Name: CABRAL, AMADEO M.D.
Address: 6110 S.W. 70TH STREET
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: MGR () Delete
Name: COSME, GOMEZ M.D.
Address: 6110 S.W. 70TH STREET
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: MGR () Delete
Name: HAJJAR, JOHN M.D.
Address: 6110 S.W. 70TH STREET
City-St-Zip: SOUTH MIAMI, FL 33143 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HAJJAR, JOHN M.D.
Address: 555 KINDERKAMACK ROAD
City-St-Zip: ORADELL, NJ 07649 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN HAJJAR, MD

MGR

01/15/2009

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