2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

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Entity Name: SOUTH FLORIDA AMBULATORY SURGICAL CENTER, LLC

Current Principal Place of Business:

555 KINDERKAMACK ROAD
ORADELL, NJ 07649

New Principal Place of Business:

Current Mailing Address:

ATTN: SURGEM
555 KINDERKAMACK ROAD
ORADELL, NJ 07649

New Mailing Address:

FEI Number: 65-1093026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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
Name: CABRAL, AMADEO M.D.
Address: 6110 S.W. 70TH STREET
City-St-Zip: SOUTH MIAMI, FL 33143 US

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

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

I hereby 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 Statues.

SIGNATURE: JOHN H. HAJJAR, MD MGR 04/18/2011

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