

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008598

FILED
Apr 30, 2012
Secretary of State

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 (X)

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 Statutes.

SIGNATURE: JOHN H HAJJAR

MGR

04/30/2012

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