

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000009875

**FILED**  
**Feb 20, 2008**  
**Secretary of State**

**Entity Name:** ORLANDO OPHTHALMOLOGY SURGERY CENTER, LLC

**Current Principal Place of Business:**

15305 DALLS PARKWAY, #1600  
ADDISON, TX 75001 US

**New Principal Place of Business:**

105 BONNIE LOCH COURT  
ORLANDO, FL 32806 US

**Current Mailing Address:**

15305 DALLS PARKWAY, #1600  
ADDISON, TX 75001 US

**New Mailing Address:**

105 BONNIE LOCH COURT  
ORLANDO, FL 32806 US

**FEI Number:** 59-3725722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

SMITH, SHARON  
105 BONNIE LOCH COURT  
ORLANDO, FL 32806 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: SHARON SMITH

02/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SURGIS, INC.,  
Address: 15305 DALLS PARKWAY, #1600  
City-St-Zip: ADDISON, TX 75001 US

**ADDITIONS/CHANGES:**

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

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: SHARON SMITH

MGR

02/20/2008

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