

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017645

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE SURGERY CENTER OF VOLUSIA, L.L.C.

Current Principal Place of Business:

3635 S CLYDE MORRIS BLVD
#500
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

3635 S CLYDE MORRIS BLVD
#500
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-3754620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGNONE, LOUIS M
3635 S CLYDE MORRIS BLVD
#500
PORT ORANGE, FL 32129 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: STELLA, GREGORY J
Address: 3635 S CLYDE MORRIS BLVD #100
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR () Delete
Name: AGNONE, LOUIS M
Address: 3635 S CLYDE MORRIS BLVD #100
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR () Delete
Name: MOULIS, HARRY
Address: 3635 S CLYDE MORRIS BLVD #100
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR () Delete
Name: RICCI, DONATO R
Address: 3635 S CLYDE MORRIS BLVD #100
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR () Delete
Name: SLADE, C. LAWRENCE
Address: 3635 S CLYDE MORRIS BLVD #400
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR () Delete
Name: HAWTHORNE, KENNETH B JR
Address: 70 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

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

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

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: LOUIS M. AGNONE

MGR

03/20/2009

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