

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000021179

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Entity Name:** CENTER FOR SURGERY & DIGESTIVE DISORDERS, L.L.C.

**Current Principal Place of Business:**

3641 SOUTH MIAMI AVE.  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3641 SOUTH MIAMI AVE.  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 51-0438152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FISHMAN, LEWIS W  
9130 SOUTH DADELAND BLVD., STE. 1121  
MIAMI, FL 33156 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: GREER, PEDRO J JR  
Address: 3661 SOUTH MIAMI AVE., SUITE 805  
City-St-Zip: MIAMI, FL 33133

Title: MGR  
Name: FLEITES, JUAN CARLOS M.D.  
Address: 3661 SOUTH MIAMI AVE., SUITE 708  
City-St-Zip: MIAMI, FL 33133

Title: MGR  
Name: ECHENIQUE, JORGE  
Address: 2931 CORAL WAY  
City-St-Zip: MIAMI, FL 33145

Title: MGR  
Name: SABATES, MARIO A M.D.  
Address: 1385 CORAL WAY, 3RD FLOOR  
City-St-Zip: MIAMI, FL 33145

Title: MGR  
Name: SKLAR, VIRGIL F  
Address: 3659 S. MIAMI AVENUE, SUITE 403  
City-St-Zip: MIAMI, FL 33133

Title: MGR  
Name: ANTON, MANUEL P  
Address: 3663 SOUTH MIAMI AVE.  
City-St-Zip: MIAMI, FL 33133

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: PEDRO J. GREER, JR., M.D.

MGR

03/16/2010

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