

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008076

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: PANAMA CITY SURGICAL PROPERTIES, LLC

## Current Principal Place of Business:

1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## New Principal Place of Business:

1800 JENKS AVENUE  
PANAMA CITY, FL 32405 US

## Current Mailing Address:

1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## New Mailing Address:

1800 JENKS AVENUE  
PANAMA CITY, FL 32405 US

FEI Number: 03-0434665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

MADEWELL, MICHAEL  
1800 JENKS AVENUE  
PANAMA CITY, FL 32405 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: MICHAEL MADEWELL

04/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SPENCER, ROGER MD  
Address: 1800 JENKS AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete  
Name: ZWINGELBERG, KEITH M  
Address: 1800 JENKS AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete  
Name: SHORES, AARON MD  
Address: 1800 JENKS AVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete  
Name: MORROW, GREGORY K MD  
Address: 1800 JENKS AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete  
Name: RAMOS, CARLOS MD  
Address: 1800 JENKS AVE  
City-St-Zip: PANAMA CITY, FL 32401

## 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  
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: MICHAEL MADEWELL

MGMR

04/15/2009

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