

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016588

FILED
Jan 06, 2010
Secretary of State

Entity Name: TRINITY SURGERY CENTER, LLC

Current Principal Place of Business:

2102 TRINITY OAKS BLVD.
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

2102 TRINITY OAKS BLVD.
C/O NANCY BURDEN
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

2102 TRINITY OAKS BLVD.
NEW PORT RICHEY, FL 34655 US

FEI Number: 02-0656933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY, JAMES III
SUNTRUST FINANCIAL CENTRE
401 E JACKSON ST, STE 2500
TAMPA, FL 33602 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: MGRM
Name: BURDEN, NANCY MGRM
Address: 8452 118TH AVE., N
City-St-Zip: LARGO, FL 33773 US

Title: P
Name: ST LOUIS, DONNA
Address: 8452 118TH AVE., N
City-St-Zip: LARGO, FL 33773 US

Title: T
Name: RIBBLE, THOMAS
Address: 8452 118TH AVE., N
City-St-Zip: LARGO, FL 33773 US

Title: MGRM
Name: KLIBANOFF, ALAN MD
Address: 33920 US HWY 19 N STE 124
City-St-Zip: PALM HARBOR, FL 34684 US

Title: MGRM
Name: RIVERA, JUAN DPM
Address: 6331 STATE RD 54
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: MGRM
Name: HALE, BRIAN MD
Address: 35095 US 19 N SUITE 202
City-St-Zip: NEW PORT RICHEY, FL 34684 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: NANCY BURDEN

MGRM

01/06/2010

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