

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028050

FILED
Apr 28, 2010
Secretary of State

Entity Name: THE SURGICAL CENTER OF THE TREASURE COAST, L.L.C.

Current Principal Place of Business:

9075 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

9075 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 37-1446353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, HAROLD E ESQ.
1515 UNIVERSITY DRIVE, SUITE 201
CORAL SPRINGS, FL 330710000 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: MARK & KIM POWERS, TENANTS BY THE ENTIRETY
Address: 9075 S FEDERAL HWY
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGRM
Name: BELTRAN, ANTONIO
Address: 9075 S FEDERAL HWY
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGRM
Name: BNB FAMILY LIMITED LLLP
Address: 9075 S FEDERAL HWY
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGRM
Name: ROBERT & GAYLE FORSTER, TENANTS BY THE ENT
Address: 9075 S FEDERAL HWY
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGRM
Name: PJM INVESTMENTS
Address: 9075 S FEDERAL HWY
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGRM
Name: OPES ARA INTERNATIONAL LIMITED PARTNERSHIP
Address: 9075 S FEDERAL HWY
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: DON MOORE, MD

CEO

04/28/2010

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