

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028573

FILED
Jan 07, 2009
Secretary of State

Entity Name: PALM BEACH SURGERY CENTER, LLC.

Current Principal Place of Business:

1157 SR #7/ US #441
WELLINGTON, FL 33414

New Principal Place of Business:

1157 SOUTH STATE ROAD #7
WELLINGTON, FL 33414

Current Mailing Address:

1157 SR #7/ US #441
WELLINGTON, FL 33414

New Mailing Address:

1157 SOUTH STATE ROAD #7
WELLINGTON, FL 33414

FEI Number: 61-1431700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPURANENI, KRISHNA
1157 S. S.R. #7
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

TRIPURANENI, KRISHNA
1157 SOUTH STATE ROAD #7
WELLINGTON, FL 33414 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:

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRIPURANENI, KRISHNA
Address: 1157 SOUTH SR 7
City-St-Zip: WEST PALM BEACH, FL 33414 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRIPURANENI, KRISHNA
Address: 1157 SOUTH STATE ROAD #7
City-St-Zip: WEST PALM BEACH, FL 33414 US

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: KRISHNA TRIPURANENI

MGR

01/07/2009

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