

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028573

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** PALM BEACH SURGERY CENTER, LLC.

**Current Principal Place of Business:**

1157 SOUTH STATE ROAD #7  
WELLINGTON, FL 33414

**New Principal Place of Business:**

1157 SOUTH STATE ROAD 7  
WELLINGTON, FL 33414

**Current Mailing Address:**

1157 SOUTH STATE ROAD #7  
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 SOUTH STATE ROAD #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:

01/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TRIPURANENI, KRISHNA  
Address: 1157 SOUTH STATE ROAD 7  
City-St-Zip: WEST PALM BEACH, FL 33414 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: KRISHNA TRIPURANENI, MD

MGR

01/25/2011

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