

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034539

FILED
Apr 13, 2009
Secretary of State

Entity Name: SURGERY CENTER AT WELLINGTON, L.L.C.

Current Principal Place of Business:

1395 STATE ROAD 7
SUITE 100
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

1395 STATE ROAD 7
SUITE 100
WELLINGTON, FL 33414 US

New Mailing Address:

367 S. GULPH ROAD
KING OF PRUSSIA, PA 19406 US

FEI Number: 71-0924384 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HERBST, SETH J
1395 STATE ROAD 7
SUITE 100
WELLINGTON, FL 33414 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: MGR () Delete
Name: ASC OF WELLINGTON, INC.
Address: 1395 STATE ROAD 7
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ASC OF WELLINGTON, INC.
Address: 367 S. GULPH ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406 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: GEORGE H. BRUNNER JR.

MGRM

04/13/2009

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