

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034539

FILED  
Feb 04, 2010  
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:**

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

**New Mailing Address:**

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  
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 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: ASC OF WELLINGTON, INC.

MGR

02/04/2010

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