

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000006046

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** ASSOCIATE SURGEONS NETWORK, LLC

**Current Principal Place of Business:**

2901 S.W. 149 AVENUE, SUITE 400  
MIRAMAR, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

2901 S.W. 149 AVENUE, SUITE 400  
MIRAMAR, FL 33027 US

**New Mailing Address:**

**FEI Number:** 30-0151769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MATZA, ROCHELLE S  
2901 SW 149 AVENUE, SUITE 400  
MIRAMAR, FL 33027 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:** ZIMMERMAN, PAUL M M.D  
**Address:** 2901 S.W. 149 AVENUE, SUITE 400  
**City-St-Zip:** MIRAMAR, FL 33027

**Title:** MGR  
**Name:** GLASS, GERALD G DR.  
**Address:** 2901 S.W. 149 AVENUE, SUITE 400  
**City-St-Zip:** MIRAMAR, FL 33027

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:** ROCHELLE S. MATZA

VP

04/29/2011

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