

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019379

**FILED
Jan 13, 2009
Secretary of State**

Entity Name: DOCTORS OUTPATIENT SURGERY CENTER, LLC

Current Principal Place of Business:

1005 CROSSPOINTE DRIVE
SUITE 2
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1005 CROSSPOINTE DRIVE
SUITE 2
NAPLES, FL 34110

New Mailing Address:

FEI Number: 41-2097984 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZIMM, JEFFREY L M.D.
1435 IMMOKALEE ROAD
NAPLES, FL 34110 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: ZIMM, JEFFREY L
Address: 1435 IMMOKALEE ROAD
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFFREY L. ZIMM M.D. MGR 01/13/2009

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