

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021143

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** PARK PLACE SURGERY CENTER, L.L.C.

**Current Principal Place of Business:**

2450 MAITLAND CENTER PKWY  
STE 100  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

5501 WEST GRAY STREET  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 72-1567148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORP DIRECT AGENTS  
515 PARK AVE E  
TALLAHASSEE, FL 32301 US

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

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE  
TALLAHASSEE, FL 32301 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: KATIE WONSCH, ASSISTANT SECRETARY

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: COO ( ) Delete  
Name: DOYLE, MICHAEL  
Address: 5501 WEST GRAY STREET  
City-St-Zip: TAMPA, FL 33609

Title: CEO ( ) Delete  
Name: GARI, RODOLFO  
Address: 5501 W GRAY ST  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES:**

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

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: MICHAEL DOYLE

COO

04/30/2009

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