

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000024538

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** MILLENIA SURGERY CENTER, L.L.C.

**Current Principal Place of Business:**

4901 S VINELAND RD  
SUITE 150  
ORLANDO, FL 32811

**New Principal Place of Business:**

5501 WEST GRAY STREET  
TAMPA, FL 33609

**Current Mailing Address:**

5501 W GRAY ST  
TAMPA, FL 33609

**New Mailing Address:**

5501 WEST GRAY STREET  
TAMPA, FL 33609

**FEI Number:** 56-2384725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORP DIRECT AGENTS, INC  
515 E PRK AVE  
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

04/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: DOYLE, MICHAEL  
Address: 5501 WEST GRAY STREET  
City-St-Zip: TAMPA, FL 33609

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: MICHAEL DOYLE

CEO

04/27/2010

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