

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027720

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

**Entity Name:** SURGERY CENTER INVESTORS OF WELLINGTON, LLC

**Current Principal Place of Business:**

1395 STATE ROAD 7  
SUITE 100  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

1395 STATE ROAD 7  
SUITE 450  
WELLINGTON, FL 33414 US

**Current Mailing Address:**

1395 STATE ROAD 7  
SUITE 100  
WELLINGTON, FL 33414 US

**New Mailing Address:**

1395 STATE ROAD 7  
SUITE 450  
WELLINGTON, FL 33414 US

**FEI Number:** 20-0116673

**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, STE 100  
WELLINGTON, FL 33414 US

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

HERBST, SETH J  
1395 STATE ROAD 7, STE 450  
WELLINGTON, FL 33414 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:**

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** HERBST, SETH J  
**Address:** 1395 STATE ROAD 7, STE 100  
**City-St-Zip:** WELLINGTON, FL 33414 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** HERBST, SETH J  
**Address:** 1395 STATE ROAD 7, STE 450  
**City-St-Zip:** WELLINGTON, FL 33414 US

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:** SETH J HERBST

MBR

04/13/2009

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