

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029089

FILED
Jan 05, 2011
Secretary of State

Entity Name: HARBOR CITY SURGICAL CARE, LLC

Current Principal Place of Business:

211 E. NEW HAVEN AVE.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

211 E. NEW HAVEN AVE.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 20-0133606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRESE, GARY B
930 S. HARBOR CITY BLVD, STE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

FRESE, GARY B
2200 FRONT STREET
SUITE 301
MELBOURNE, FL 32901 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:

01/05/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MOYLES, BRIANT G DPM
Address: 211 E. NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM
Name: WILSON, RICHARD C DPM
Address: 211 E. NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

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: BRIANT G. MOYLES, D.P.M.

PRES

01/05/2011

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