

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038278

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** SOUTH PALM AMBULATORY SURGERY CENTER, LLC

**Current Principal Place of Business:**

1905 CLINT MOORE RD.  
SUITE 115  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

1905 CLINT MOORE RD.  
SUITE 115  
BOCA RATON, FL 33496

**New Mailing Address:**

**FEI Number:** 20-0313969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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: MGRM  
Name: SALOMON, PETER  
Address: 951 NW 13TH STREET NO 2E  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM  
Name: FISHMAN, ROBERT  
Address: 951 NW 13TH STREET NO. 2E  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM  
Name: PROSCIA, VITO  
Address: 951 NW 13TH STREET NO. 2E  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM  
Name: BLOOM, HENRY H  
Address: 187 ROUTE 36, SUITE 210  
City-St-Zip: WEST LONG BRANCH, NJ 07764

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: EDWARD HETRICK

MR

03/30/2010

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