

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051326

FILED
Jan 14, 2009
Secretary of State

Entity Name: MIRAMAR AMBULATORY SURGICAL CENTER, LLC

Current Principal Place of Business:

7100 WEST 20 AVENUE
SUITE 101
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

7100 WEST 20 AVENUE
SUITE 101
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 20-0610653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHASE, ALAN R ESQ
9400 S. DADELAND BLVD, STE. 600
MIAMI, FL 33156 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: P () Delete
Name: ROSABAL, ORESTES
Address: 7100 WEST 20 AVENUE #101
City-St-Zip: HIALEAH, FL 33016

Title: VP () Delete
Name: EASTERLING, KENNETH
Address: 7100 WEST 20 AVENUE #101
City-St-Zip: HIALEAH, FL 33016

Title: S () Delete
Name: DIAZ, TONY
Address: 7100 WEST 20 AVENUE #101
City-St-Zip: HIALEAH, FL 33016

Title: T () Delete
Name: HAND, TIM
Address: 605 STATE STREET
City-St-Zip: AUGUSTA, KS 67010

ADDITIONS/CHANGES:

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

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

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: ORESTES G ROSABAL

P

01/14/2009

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