2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L04000037106

Entity Name: SURGICAL ASSOCIATES OF NORTH FLORIDA, LLC

Current Principal Place of Business:

2460 OLD MOULTRIE ROAD, SUITE 3
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3127
ST. AUGUSTINE, FL 320853127

New Mailing Address:

FEI Number: 20-1163763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SADOWSKI, GEORGE E
2460 OLD MOULTRIE RD
SUITE 3
SAINT AUGUSTINE, FL 32086 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: PRES ( ) Delete
Name: SADOWSKI, GEORGE
Address: POB 3127
City-St-Zip: SAINT AUGUSTINE, FL 32085

ADDITIONS/CHANGES:

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: GEORGE SADOWSKI PRES 04/28/2009

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