

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000037106

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**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  
Name: SADOWSKI, GEORGE  
Address: POB 3127  
City-St-Zip: SAINT AUGUSTINE, FL 32085

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: GEORGE E SADOWSKI

PRES

03/23/2010

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