2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L04000041060

Entity Name: TOMOKA SURGERY CENTER, LLC

Current Principal Place of Business:

345 CLYDE MORRIS BLVD.
SUITE 300
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

345 CLYDE MORRIS BLVD
SUITE 300
ORMOND BEACH, FL 32174 US

New Mailing Address:

345 CLYDE MORRIS BLVD.
SUITE 300
ORMOND BEACH, FL 32174 US

FEI Number: 20-1218596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAKOWSKI, MICHAEL K M.D.
345 CLYDE MORRIS BLVD.
SUITE 300
ORMOND BEACH, FL 32174 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 ( ) Delete
Name:	MAKOWSKI, MICHAEL K M.D.
Address:	345 CLYDE MORRIS BLVD., STE. 300
City-St-Zip:	ORMOND BEACH, FL 32174 US
Title:	MGRM ( ) Delete
Name:	TEN HULZEN, RICHARD D M.D.
Address:	345 CLYDE MORRIS BLVD., STE. 300
City-St-Zip:	ORMOND BEACH, FL 32174 US
Title:	MGRM ( ) Delete
Name:	SPERTUS, ALAN D M.D.
Address:	345 CLYDE MORRIS BLVD., STE. 300
City-St-Zip:	ORMOND BEACH, FL 32174 US
Title:	MGRM (X) Delete
Name:	KENNEDY, MARK E M.D.
Address:	345 CLYDE MORRIS BLVD., STE. 300
City-St-Zip:	ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGRM (X) Change ( ) Addition
Name:	SPERTUS, ALAN D M.D.
Address:	345 CLYDE MORRIS BLVD., STE. 300
City-St-Zip:	ORMOND BEACH, FL 32174 US
Title:	MGMR (X) Change ( ) Addition
Name:	KENNEDY, MARK E M.D.
Address:	345 CLYDE MORRIS BLVD., STE. 300
City-St-Zip:	ORMOND BEACH, FL 32174 US
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: LINDA A. PARKER BMRM 01/15/2009

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