2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2010
Secretary of State

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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:

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
Name: MAKOWSKI, MICHAEL K M.D.
Address: 345 CLYDE MORRIS BLVD., STE. 300
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM
Name: SPERTUS, ALAN D M.D.
Address: 345 CLYDE MORRIS BLVD., STE. 300
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGMR
Name: KENNEDY, MARK E M.D.
Address: 345 CLYDE MORRIS BLVD., STE. 300
City-St-Zip: ORMOND BEACH, FL 32174 US

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 Statues.

SIGNATURE: MICHAEL K MAKOWSKI, MD MGRM 01/08/2010

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