

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041060

FILED
Jan 04, 2011
Secretary of State

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 ()

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 Statutes.

SIGNATURE: MICHAEL K. MAKOWSKI, M.D.

MGRM

01/04/2011

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