

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041060

FILED  
Jan 04, 2012  
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 (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 Statutes.

**SIGNATURE:** MICHAEL K MAKOWSKI

MGMR

01/04/2012

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