

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050625

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** WEST PARK SURGERY CENTER, L.L.C.

**Current Principal Place of Business:**

6640 78TH AVENUE NORTH  
STE B  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1128  
PINELLAS PARK, FL 33780

**New Mailing Address:**

**FEI Number:** 26-0092101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRIEDMAN, CHARLES K  
6640 78TH AVE N  
STE B  
PINELLAS PARK, FL 33781 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: MGR  
Name: FRIEDMAN, CHARLES K  
Address: P.O. BOX 7048  
City-St-Zip: SEMINOLE, FL 33775

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: CHARLES K. FRIEDMAN

DO

04/27/2011

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