

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060457

FILED
Feb 06, 2012
Secretary of State

Entity Name: SOUTHEASTERN OUT PATIENT SURGERY CENTER, LLC

Current Principal Place of Business:

2030 FLEISHMANN ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2030 FLEISHMANN ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-1379958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARLING, VIRGINIA
2030 FLEISCHMANN ROAD
TALLAHASSEE, FL 32308 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: DARLING, VIRGINIA
Address: 2030 FLEISCHMANN ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: DPST
Name: KIRBO, BEN M.D.
Address: 7257 ANHINGA FARM RD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: MGRM
Name: ROSENBERG, LAURENCE M.D.
Address: 3648 UNCLE GLOVER RD
City-St-Zip: TALLAHASSEE, FL 32312 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: BEN KIRBO

DPST

02/06/2012

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