

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000066243**

1. Entity Name  
**CHC/USP SURGERY CENTERS, LLC**



Principal Place of Business      Mailing Address  
**15305 DALLAS PARKWAY**      **15305 DALLAS PARKWAY**  
**SUITE 1600**      **SUITE 1600**  
**ADDISON, TX 75001**      **ADDISON, TX 75001**

**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number      Applied For  
**20-1607855**      Not Applicable

5. Certificate of Status Desired      ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

|                |                      |
|----------------|----------------------|
| TITLE          | MGRM                 |
| NAME           | USP SARASOTA INC.    |
| STREET ADDRESS | 15305 DALLAS PARKWAY |
| CITY-ST-ZIP    | ADDISON, TX 75001    |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

U00000843100  
03/11/08-80057-006 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *USP Sarasota, Inc. Alex Jenkins, Secretary*  
*Managing Member Alex Jenkins*

*(972)*  
*2/14/08 713-3574*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #