2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L04000068453

Entity Name: THE SURGERY CENTER OF JACKSONVILLE, LLC

Current Principal Place of Business:

10475 CENTURION PARKWAY NORTH
SUITE 101
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

10475 CENTURION PARKWAY NORTH
SUITE 101
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 32-0209201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, CHRISTOPHER
10475 CENTURION PARKWAY NORTH
SUITE 201
JACKSONVILLE, FL 32256 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:

			ADDITIONS/CHANGES:	
Title:	MGR	( ) Delete	Title:	( ) Change ( ) Addition
Name:	MADDERN, BRUCE R		Name:	
Address:	10475 CENTURION PARKWAY NORTH, SUITE 302		Address:	
City-St-Zip:	JACKSONVILLE, FL 32256 US		City-St-Zip:	
Title:	MGR	( ) Delete	Title:	( ) Change ( ) Addition
Name:	VINCENTY, CLAUDIO E		Name:	
Address:	10475 CENTURION PARKWAY NORTH, SUITE 201		Address:	
City-St-Zip:	JACKSONVILLE, FL 32256 US		City-St-Zip:	
Title:	MGR	( ) Delete	Title:	( ) Change ( ) Addition
Name:	DESHMUKH, RAHUL		Name:	
Address:	10475 CENTURION PARKWAY NORTH, SUITE 220		Address:	
City-St-Zip:	JACKSONVILLE, FL 32256 US		City-St-Zip:	
Title:	P	( ) Delete	Title:	( ) Change ( ) Addition
Name:	ROBERTS, CHRISTOPHER		Name:	
Address:	10475 CENTURION PARKWAY NORTH, SUITE 201		Address:	
City-St-Zip:	JACKSONVILLE, FL 32256 US		City-St-Zip:	
Title:	VP	( ) Delete	Title:	( ) Change ( ) Addition
Name:	CAREY, JOHN E		Name:	
Address:	10475 CENTURION PARKWAY NORTH, SUITE 201		Address:	
City-St-Zip:	JACKSONVILLE, FL 32256 US		City-St-Zip:	
Title:	S	( ) Delete	Title:	( ) Change ( ) Addition
Name:	MONTERO, PAULO		Name:	
Address:	10475 CENTURION PARKWAY NORTH, SUITE 201		Address:	
City-St-Zip:	JACKSONVILLE, FL 32256 US		City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRIAN M. HOBBS MGMR 03/25/2009

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