

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068453

FILED  
Feb 24, 2010  
Secretary of State

**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:**

MADDERN, BRUCE R  
10475 CENTURION PARKWAY NORTH  
SUITE 101  
JACKSONVILLE, FL 32256 US

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: BRUCE R. MADDERN MD

02/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: MADDERN, BRUCE R  
Address: 10475 CENTURION PARKWAY NORTH, SUITE 302  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGR  
Name: VINCENTY, CLAUDIO E  
Address: 10475 CENTURION PARKWAY NORTH, SUITE 201  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGR  
Name: DESHMUKH, RAHUL  
Address: 10475 CENTURION PARKWAY NORTH, SUITE 220  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP  
Name: ROBERTS, CHRISTOPHER  
Address: 10475 CENTURION PARKWAY NORTH, SUITE 201  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: T  
Name: CAREY, JOHN E  
Address: 10475 CENTURION PARKWAY NORTH, SUITE 201  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S  
Name: GREEN, DOUGLAS  
Address: 10475 CENTURION PARKWAY NORTH, SUITE 303  
City-St-Zip: JACKSONVILLE, FL 32256 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: BRUCE R. MADDERN, MD

P

02/24/2010

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