

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068453

FILED
Feb 08, 2012
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:

MADDERN, BRUCE R
10475 CENTURION PARKWAY NORTH
SUITE 101
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:

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

02/08/2012

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