

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072501

FILED
Jan 05, 2011
Secretary of State

Entity Name: SOUTH FLORIDA SURGICAL SPECIALISTS, LLC

Current Principal Place of Business:

3001 CORAL HILLS DRIVE
SUITE 320
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3001 CORAL HILLS DRIVE
SUITE 320
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-1759480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOFSEN, HOWARD J CPA
9728 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065 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: SHACHNER, MARK
Address: 3001 CORAL HILLS DRIVE SUITE 320
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP
Name: KIMMELMAN, RANDY
Address: 3467 W. HILLSBORO BLVD, SUITE B
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: S
Name: STRICOFF, RONALD
Address: 3467 W. HILLSBORO BLVD, SUITE B
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: T
Name: PORUDOMINSKY, DAVID
Address: 2825 NORTH STATE RD.
City-St-Zip: MARGATE, FL 33063

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: MARK SHACHNER

MGR

01/05/2011

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