

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072771

FILED  
Jan 18, 2008  
Secretary of State

Entity Name: PEDIATRIC SURGERY CENTERS, LLC

## Current Principal Place of Business:

10080 BALAYE RUN DRIVE  
TAMPA, FL 33619

## New Principal Place of Business:

## Current Mailing Address:

10080 BALAYE RUN DRIVE  
TAMPA, FL 33619

## New Mailing Address:

FEI Number: 20-1711553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOBBS, ROBERT L  
6161 MLK JR. STREET  
SUITE 100  
ST. PETERSBURG, FL 33703 US

## Name and Address of New Registered Agent:

DOBBS, ROBERT L  
235 - 2ND AVENUE SOUTH  
ST. PETERSBURG, FL 33701 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: KEITH FRANQUEIRO

01/18/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ANDREWS, THOMAS M MD  
Address: 2171 OCEANVIEW DRIVE  
City-St-Zip: TIERRA VERDE, FL 33715

Title: MGR ( ) Delete  
Name: CRESSMAN, WADE R MD  
Address: 103 BAY POINT DRIVE NE  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGR ( ) Delete  
Name: OROBELLO, PETER W JR MD  
Address: 2131 OCEANVIEW DRIVE  
City-St-Zip: TIERRA VERDE, FL 33715

Title: MGR ( ) Delete  
Name: VAUGHN, GLENN V MD  
Address: 1800 NORTHSHORE DRIVE N.E.  
City-St-Zip: ST. PETERSBURG, FL 33704

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: KEITH FRANQUEIRO, RN

MR.

01/18/2008

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