

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000072771

**FILED**  
**Jan 04, 2011**  
**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  
235 - 2ND AVENUE SOUTH  
ST. PETERSBURG, FL 33701 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:** ANDREWS, THOMAS M MD  
**Address:** 2171 OCEANVIEW DRIVE  
**City-St-Zip:** TIERRA VERDE, FL 33715

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

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

**Title:** MGR  
**Name:** VAUGHN, GLENN C MD  
**Address:** 1800 NORTHSHORE DRIVE N.E.  
**City-St-Zip:** ST. PETERSBURG, FL 33704

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:** GLENN C VAUGHN

MGR

01/04/2011

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