

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089599

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** TAKE SHAPE SURGERY CENTER, LLC

**Current Principal Place of Business:**

4161 NW 5TH STREET  
SUITE 100  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

4161 NW 5TH STREET  
SUITE 100  
PLANTATION, FL 33317 US

**New Mailing Address:**

**FEI Number:** 34-2026859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SASSANI, RUSSELL F MD  
4161 NW 5TH STREET  
SUITE 100  
PLANTATION, FL 33317 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:** MGRM ( ) Delete  
**Name:** SASSANI, RUSSELL F MD  
**Address:** 4161 NW 5TH STREET, SUITE 100  
**City-St-Zip:** PLANTATION, FL 33317 US

**Title:** MGRM ( ) Delete  
**Name:** SCHNEIDER, MICHAEL J  
**Address:** 4161 NW 5TH STREET, SUITE 100  
**City-St-Zip:** PLANTATION, FL 33317 US

**ADDITIONS/CHANGES:**

**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:** RUSSELL F. SASSANI, M.D.

MGRM

01/27/2009

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