

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000011396

**Entity Name:** SPECTRUM SURGICARE, LLC

**FILED**  
**Mar 13, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10205 CAMINO DEL DIOS  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

10301 HAGEN RANCH ROAD  
SUITE # 710  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

10205 CAMINO DEL DIOS  
DELRAY BEACH, FL 33446

**New Mailing Address:**

10301 HAGEN RANCH ROAD  
SUITE # 710  
BOYNTON BEACH, FL 33437

FEI Number: 20-2308395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POLCZ, TIBOR E  
10205 CAMINO DEL DIOS  
DELRAY BEACH, FL 33446 US

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

POLCZ, TIBOR E  
10301 HAGEN RANCH ROAD  
SUITE # 710  
BOYNTON BEACH, FL 33437 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: TIBOR E. POLCZ

03/13/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: POLCZ, TIBOR E  
Address: 10301 HAGEN RANCH ROAD, SUITE # 710  
City-St-Zip: BOYNTON BEACH, FL 33437

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: TIBOR E. POLCZ

MGR

03/13/2010

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