

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000011396

**Entity Name:** SPECTRUM SURGICARE, LLC

**FILED**  
**May 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10301 HAGEN RANCH ROAD  
SUITE # 6B  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

10301 HAGEN RANCH ROAD  
SUITE # 6B  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

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  
10301 HAGEN RANCH ROAD  
SUITE # 6B  
BOYNTON BEACH, FL 33437 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: POLCZ, TIBOR E  
Address: 10301 HAGEN RANCH ROAD, SUITE # 6B  
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

05/09/2012

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