

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044436

FILED
Mar 27, 2009
Secretary of State

Entity Name: CENTER OF SURGICAL EXCELLENCE VENICE FLORIDA, LLC

Current Principal Place of Business:

8421 POINTE LOOP DR
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

8421 POINTE LOOP DR
VENICE, FL 34293

New Mailing Address:

FEI Number: 20-2807874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHAN, TARIQ J
216 BAYSHORE CIRCLE
VENICE, FL 34285 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: KHAN, JAFFER J
Address: 8421 POINTE LOOP DR
City-St-Zip: VENICE, FL 34293

Title: MGRM () Delete
Name: KHAN, TARIQ J
Address: 8421 POINTE LOOP DR
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KHAN, JAFFER J
Address: 8421 POINTE LOOP DR
City-St-Zip: VENICE, FL 34293

Title: MGR (X) Change () Addition
Name: KHAN, TARIQ J
Address: 8421 POINTE LOOP DR
City-St-Zip: VENICE, FL 34293

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: TARIQ J. KHAN

MGR

03/27/2009

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