

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000053886

Entity Name: LRB SURGI CENTER, LLC

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3495 SW FOREST HILLS COURT  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

3495 SW FOREST HILLS CT.  
PALM CITY, FL 34990 US

**New Mailing Address:**

3495 SW FOREST HILLS COURT  
PALM CITY, FL 34990 US

FEI Number: 26-0609658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOHN, MICHELLE S  
3495 SW FOREST HILLS CT.  
PALM CITY, FL 34990 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  
Name: BERGHASH, LESLIE R  
Address: 3495 SW FOREST HILLS COURT  
City-St-Zip: PALM CITY, FL 34990 US

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: LESLIE R. BERGHASH

MGRM

03/10/2010

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