

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000097796

**FILED**  
**Mar 06, 2010**  
**Secretary of State**

**Entity Name:** PASADENA SURGERY CENTER, L.L.C.

**Current Principal Place of Business:**

6945 FIRST AVENUE SOUTH  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

6945 FIRST AVENUE SOUTH  
ST. PETERSBURG, FL 33707

**New Mailing Address:**

**FEI Number:** 20-3571435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HALL, DAVID E  
6945 FIRST AVENUE SOUTH  
ST. PETERSBURG, FL 33707 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:** PRES  
**Name:** HALL, DAVID E MD  
**Address:** 6945 FIRST AVENUE SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33707

**Title:** VP  
**Name:** EMERY, NATHAN R M.D.  
**Address:** 6945 FIRST AVENUE SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33707

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:** DAVID E. HALL, M.D.

PRES

03/06/2010

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