

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101544

FILED
May 21, 2009
Secretary of State

Entity Name: SURGERY CENTER AT UNIVERSITY PARK, LLC

Current Principal Place of Business:

C/O DANIEL A DEEMS, M.D., PHD
983 SOUTH BENEVA RD.
SARASOTA, FL 34243

New Principal Place of Business:

C/O DANIEL A DEEMS, M.D., PHD
983 SOUTH BENEVA RD.
SARASOTA, FL 34232

Current Mailing Address:

C/O DANIEL A DEEMS, M.D., PHD
983 SOUTH BENEVA RD.
SARASOTA, FL 34243

New Mailing Address:

C/O DANIEL A DEEMS, M.D., PHD
983 SOUTH BENEVA RD.
SARASOTA, FL 34232

FEI Number: 20-3757623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 () Delete
Name: ADLER, JONATHAN M.D.
Address: 15095 3RD AVENUE W
City-St-Zip: BRADENTON, FL 34207

Title: MGR () Delete
Name: DEEMS, DANIEL M.D.
Address: 8451 SHADE AVENUE #107
City-St-Zip: SARASOTA, FL 34243

Title: MGR () Delete
Name: BURNES, MARGERIE
Address: 8451 SHADE AVENUE #206
City-St-Zip: SARASOTA, FL 34243

Title: MGR () Delete
Name: ROYCE, JACQUELINE DO
Address: 2401 UNIVERSITY PARK, STE. 206, BLDG.1
City-St-Zip: SARASOTA, FL 34243

Title: MGR () Delete
Name: MORGAN, RANDALL MD
Address: 2415 UNIVERSITY PKWY
City-St-Zip: SARASOTA, FL 34243

Title: MGR () Delete
Name: DORMAN, BRUCE MD
Address: 300 RIVERSIDE DR - E#2400
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JONATHON ADLER

MGR

05/21/2009

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