

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000104829

FILED
Sep 30, 2009
Secretary of State

Entity Name: FLORIDA SPECIALTY SURGERY CENTER, LLC

Current Principal Place of Business:

6345- 54TH AVENUE, NORTH
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

6333 - 54TH AVENUE, NORTH
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 20-3672687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASSAN, KAZI M.D.
6333 - 54TH AVENUE, NORTH
ST. PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

VIVIANA, DIAZ
6333 - 54TH AVENUE, NORTH
ST. PETERSBURG, FL 33709 US

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: VIVIANA DIAZ

09/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HASSAN, KAZI M M.D.
Address: 6333 54TH AVENUE, NORTH
City-St-Zip: ST. PETERBURG, FL 33709

ADDITIONS/CHANGES:

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: KAZI HASSAN

MGR

09/30/2009

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