2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L05000107158

Entity Name: ORANGE CITY SURGERY CENTER, LLC

Current Principal Place of Business:

305 EAST NEW YORK AVE
DELAND, FL 32724

New Principal Place of Business:

975 TOWN CENTER DRIVE
SUITE 100
ORANGE CITY, FL 32763

Current Mailing Address:

305 EAST NEW YORK AVE
DELAND, FL 32724

New Mailing Address:

975 TOWN CENTER DRIVE
SUITE 100
ORANGE CITY, FL 32763

FEI Number: 59-3831266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KROPP, THOMAS
305 EAST NEW YORK AVE
DELAND, FL 32724 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: SHAH, DEVANG
Address: 963 TOWN CENTER DR
City-St-Zip: ORANGE CITY, FL 32763

Title: MGRM ( ) Delete
Name: KROPP, THOMAS
Address: 305 EAST NEW YORK AVE
City-St-Zip: DELAND, FL 32724

Title: MGR ( ) Delete
Name: CORDERO, ROBERT
Address: 305 EAST NEW YORK AVE
City-St-Zip: DELAND, FL 32724

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

Title: MGR ( ) Change (X) Addition
Name: ROTHBAUM, DANIEL
Address: 963 TOWN CENTER DR
City-St-Zip: ORANGE CITY, FL 32763

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: THOMAS KROPP, MD MGRM 04/16/2009

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