

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119802

FILED
May 01, 2008
Secretary of State

Entity Name: ASF MANAGEMENT OF SOUTH FLORIDA, L.L.C.

Current Principal Place of Business:

4470 SHERIDAN STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4470 SHERIDAN STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 20-4771368 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:

COEL, MARK A ESQ.
COEL & WARREN, P.L.
1900 GLADES ROAD SUITE 350
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

GLOBAL SURGICAL PARTNERS, INC.
3059 GRAND AVENUE
SUITE 300
MIAMI, FL 33139 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: KENNETH I. ARVIN, ESQ., CFO & GEN COUNSEL

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CASCHETTE, JAMES H D.O.
Address: 4470 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: MORSE, DANIEL M.D.
Address: 4470 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: SCHONFELD, WAYNE B M.D.
Address: 4470 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: SIUDMAK, ROBERT M.D.
Address: 4470 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: SNOW, JEFFREY M.D.
Address: 4470 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

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: MGR (X) Change () Addition
Name: CHAMPAIN, HARRIS M.D.
Address: 4470 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

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

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

Title: MGR () Change (X) Addition
Name: LEFKOF, IRA M.D.
Address: 4470 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

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: DANIEL MORSE, M.D.

MGR

05/01/2008

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