

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119802

FILED
Apr 30, 2009
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 ()

Name and Address of Current Registered Agent:

GLOBAL SURGICAL PARTNERS, INC.
3059 GRAND AVENUE
SUITE 300
MIAMI, FL 33139 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: 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: CHAMPAIN, HARRIS 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: MGR () Delete
Name: LEFKOF, IRA M.D.
Address: 4470 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

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

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

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: DAN MORSE

M

04/30/2009

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