

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006534

FILED
Jan 07, 2009
Secretary of State

Entity Name: SURGICAL CENTER AT SUN 'N LAKE, L.L.C.

Current Principal Place of Business:

4200 SUN 'N LAKE BLVD.
SEBRING, FL 33872

New Principal Place of Business:

4240 SUN 'N LAKE BLVD.
SUITE 100
SEBRING, FL 33872

Current Mailing Address:

4200 SUN 'N LAKE BLVD.
SEBRING, FL 33872

New Mailing Address:

3609 SEBRING PARKWAY, PMB #30
SEBRING, FL 33870

FEI Number: 20-4227639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, TIMOTHY W
4200 SUN 'N LAKE BLVD.
SEBRING, FL 33872 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: MGRM () Delete
Name: AHMADI, BAHRAM MD
Address: 4421 SUN N LAKE BLVD SUITE B
City-St-Zip: SEBRING, FL 33872

Title: MGRM () Delete
Name: CHEN, TONY MD
Address: PO BOX 1157
City-St-Zip: AVON PARK, FL 33826

Title: MGRM () Delete
Name: ALVAREZ, JUAN MD
Address: 6325 US HWY 27 NORTH
City-St-Zip: SEBRING, FL 33872

Title: MGR () Delete
Name: GOODMAN, TODD
Address: 4200 SUN N LAKE BLVD
City-St-Zip: SEBRING, FL 33872

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

Title: ADM () Change (X) Addition
Name: HOWSE, KIMBERLY A ADMINIS
Address: 4240 SUN 'N LAKE BLVD., SUITE 100
City-St-Zip: SEBRING, FL 33872

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: BAHRAM AHMADI

BDPR

01/07/2009

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