

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006534

FILED
Feb 13, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

3609 SEBRING PARKWAY, PMB #30
SEBRING, FL 33870

New Mailing Address:

4240 SUN N LAKE BLVD
SEBRING, FL 33872

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: PRES
Name: VANDERPOOL, CLYDE MD
Address: 4240 SUN N LAKE BLVD
City-St-Zip: SEBRING, FL 33872

Title: MGRM
Name: AMHADI, BAHRAM MD
Address: 4240 SUN N LAKE BLVE
City-St-Zip: SEBRING, FL 33872

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

Title: MGRM
Name: COOK, TIM
Address: 4200 SUN N LAKE BLVD
City-St-Zip: SEBRING, FL 33872

Title: ADM
Name: KASTNER, NANCY ADMINIS
Address: 4240 SUN 'N LAKE BLVD., SUITE 100
City-St-Zip: SEBRING, FL 33872

I hereby 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: NANCY K. KASTNER

ADM

02/13/2012

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