

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020975

FILED
Jan 06, 2009
Secretary of State

Entity Name: ST AUGUSTINE SURGERY CENTER, L.L.C.

Current Principal Place of Business:

ST AUGUSTINE SURGERY CENTER
180 SOUTHPARK BLVD
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

ST AUGUSTINE SURGERY CENTER
180 SOUTHPARK BLVD
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-4455176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DEPASQUALE, KALPINA M.D.
Address: 1301 PLANTATION ISLAND DR., UNIT 401
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGRM () Delete
Name: EPSTEIN, HOWARD M.D.
Address: 2460 OLD MOULTRIE RD., STE. 5
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGRM () Delete
Name: OKTAVEC, WILLIAM M.D.
Address: 301 HEALTH PARK BLVD., STE. 110
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGRM () Delete
Name: STANESCU, ELENA M.D.
Address: 105 SOUTH PARK BLVD., STE. C-300
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGRM () Delete
Name: PINEAU, BEN M.D.
Address: 100 WHETSTONE PLACE SUITE 105
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGRM () Delete
Name: VASSALLO, JOHN M.D.
Address: 3780 US 1 SOUTH
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

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

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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: HOWARD EPSTEIN, M.D.

M.D.

01/06/2009

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