

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034904

FILED
Mar 16, 2011
Secretary of State

Entity Name: SARASOTA PHYSICIANS SURGICAL CENTER, LLC

Current Principal Place of Business:

3201 SOUTH TAMiami TRAIL
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

C/O J.A. ZISKIND, ESQ.
3059 GRAND AVENUE, SUITE 300
MIAMI, FL 33133

New Mailing Address:

3201 SOUTH TAMiami TRAIL
SARASOTA, FL 34239

FEI Number: 43-2110985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

WEINKLE, DANA J
3201 S TAMiami TRAIL
SARASOTA, FL 34239 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: DANA J WEINKLE, MD

03/16/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ZISKIND, J A ESQ.
Address: 3059 GRAND AVENUE, SUITE 300
City-St-Zip: MIAMI, FL 33133

Title: PRES
Name: WEINKLE, DANA J M.D.
Address: 3131 S. TAMiami TRAIL, SUITE 201
City-St-Zip: SARASOTA, FL 34239

Title: MGR
Name: MARLOWE, ANDREW M M.D.
Address: 5432 BEE RIDGE ROAD, SUITE 150
City-St-Zip: SARASOTA, FL 34233

Title: MGR
Name: SUGAR, DAVID A M.D.
Address: C/O SOA 2750 BAHIA VISTA ST., SUITE 100
City-St-Zip: SARASOTA, FL 34239

Title: MGR
Name: YUNIS, JONATHAN P M.D.
Address: 1921 WALDEMERE ST., SUITE 504
City-St-Zip: SARASOTA, FL 34239

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: DANA J WEINKLE, MD

PRES

03/16/2011

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