

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035194

Entity Name: SSC PHYSICIANS, L.L.C.

FILED  
Feb 16, 2010  
Secretary of State

## Current Principal Place of Business:

C/O SARASOTA PHYSICIANS SURGICAL CENTER  
3233 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34239

## New Principal Place of Business:

## Current Mailing Address:

C/O SARASOTA PHYSICIANS SURGICAL CENTER  
3233 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34239

## New Mailing Address:

FEI Number: 43-2110984

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 AVE.  
TALLAHASSEE, FL 32301 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  
Name: WEINKLE, DANA J M.D.  
Address: 3131 SOUTH 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: 2750 BAHIA VISTA STREET, SUITE 100  
City-St-Zip: SARASOTA, FL 34239

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

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

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 WEINKLE, M.D.

MGR

02/16/2010

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