2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081422

Entity Name: CORAL RIDGE OUTPATIENT CENTER, LLC

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1900 GLADES ROAD STE 401 1900 GLADES ROAD BOCA RATON, FL 33431

SUITE 401

BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

1900 GLADES ROAD STE 401 1900 GLADES ROAD

BOCA RATON, FL 33431 SUITE 401

BOCA RATON, FL 33431

FEI Number: 20-5429299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENKHAUS, DAVID J MENKHAUS, DAVID J 1900 GLADES ROAD 1900 GLADES ROAD STE 401

BOCA RATON, FL 33431 SUITE 401 BOCA RATON, FL 33431 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: 01/07/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete Title: () Change () Addition

BOTOMAN, ALIN V Name: Name: Address: 2021 EAST COMMERCIALK BLVD #202 Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: WATSON, JOHN Name: Address: 2500 EAST COMMERCIAL BLVD #C Address: City-St-Zip: FORT LAUDERDALE, FL 33308 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: JOHN WATSON 01/07/2009