2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098371

City-St-Zip: BOYNTON BEACH, FL 334356739

Entity Name: SEACREST SURGICAL CENTER, LLC

FILED Jun 22, 2009 Secretary of State

Current Principal Place of Business:		New Principal I	New Principal Place of Business:	
	CREST BLVD. #102			
#102 BOYNTOI	N BEACH, FL 334356739			
Current Mailing Address:		New Mailing Ac	New Mailing Address:	
	CREST BLVD. #102 N BEACH, FL 334356739			
FEI Number: FEI Number Applied For () In accordance with s. 607.193(2)(b), F.S., the limited liability comp		FEI Number Not Applicable company did not receive the prior		
	d Address of Current Registered Agent:		ress of New Registered Agent:	
2314 SEA	EK-GROHMANN, K. EVA DR. CREST BLVD. #102 N BEACH, FL 334356739 US			
	e named entity submits this statement for the e of Florida.	e purpose of changing its reg	istered office or registered agent, or both	
SIGNATU	RE:			
	Electronic Signature of Registered A	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANG	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete STYPEREK, JANINA DR. 2314 SEACREST BLVD. #102 BOYNTON BEACH, FL 334356739	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MGR () Delete STYPEREK, K. EVA DR. 2314 SEACREST BLVD. #102	Title: Name: Address:	() Change () Addition	

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: K. EVA STYPEREK-GROHMANN MGR 06/22/2009