

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120455

FILED
Apr 12, 2009
Secretary of State

Entity Name: SURGICAL SPECIALISTS, ASC, L.L.C.

Current Principal Place of Business:

C/O WILLIAM R. MARSHALL, MD
1034 MAR WALT DR STE 300
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM R. MARSHALL, MD
1034 MAR WALT DR STE 300
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 20-8066886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARSHALL, WILLIAM R
1034 MAR WALT DR STE 300
FORT WALTON BEACH, FL 32547 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 () Delete
Name: MARSHALL HOLDINGS, L.L.C.
Address: 928 D MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGR () Delete
Name: MACEY FAMILY MANAGEMENT, L.L.C.
Address: 928 D MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGR () Delete
Name: EMERALD COAST EYE PARTNERS, L.L.C.
Address: 911 A NW MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGR () Delete
Name: CAMPBELL, WAYNE
Address: 1000 MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGR () Delete
Name: WITTERSTAETER, ELLEN
Address: 1000 MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGR () Delete
Name: WYATT, VINCE
Address: 1000 MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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Address:
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: WILLIAM R. MARSHALL

MD

04/12/2009

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