

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120455

FILED  
Mar 22, 2011  
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 ( )**

**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  
Name: FT. WALTON BEACH MEDICAL CENTER, INC  
Address: 1000 MAR WALT DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGR  
Name: EMERALD COAST DIVERSIFIED, FWB, LLC  
Address: 1034 MAR WALT DRIVE SUITE 300  
City-St-Zip: FORT WALTON BEACH, FL 32547

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: WILLIAM R. MARSHALL

MGRM

03/22/2011

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