

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122250

FILED
Apr 01, 2011
Secretary of State

Entity Name: THE SURGERY CENTER OF THE VILLAGES, L.L.C.

Current Principal Place of Business:

17560 WEST HWY. 441
MT. DORA, FL 32757

New Principal Place of Business:

17560 WEST HWY 441
MT. DORA, FL 32757

Current Mailing Address:

17560 WEST HWY. 441
MT. DORA, FL 32757

New Mailing Address:

17560 WEST HWY 441
MT. DORA, FL 32757

FEI Number: 20-8291654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULLUM, J. STEPHEN
1330 W. CITIZENS BLVD., SUITE 701
LEESBURG, FL 34748 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: MGRM
Name: BAUMANN, JEFFREY D M.D.
Address: 17560 WEST HWY. 441
City-St-Zip: MT. DORA, FL 32757

Title: MGRM
Name: PANZO, GREGORY J M.D.
Address: 17560 WEST HWY. 441
City-St-Zip: MT. DORA, FL 32757

Title: MGRM
Name: MAIZEL, RAY DAVID M.D.
Address: 17560 WEST HWY. 441
City-St-Zip: MT. DORA, FL 32757

Title: MGRM
Name: GOLDEY, STACIE H M.D.
Address: 17560 WEST HWY. 441
City-St-Zip: MT. DORA, FL 32757

Title: MGRM
Name: CHARLES, KEITH M.D.
Address: 17560 WEST HWY. 441
City-St-Zip: MT. DORA, FL 32757

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: JEFFREY D. BAUMANN, MD

MGRM

04/01/2011

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