

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011048

FILED
Jan 14, 2008
Secretary of State

Entity Name: VIERA SURGERY CENTER, LLC

Current Principal Place of Business:

709 SOUTH HARBOR CITY BOULEVARD
MARINA TOWERS, SUITE 100
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

709 SOUTH HARBOR CITY BOULEVARD
MARINA TOWERS, SUITE 100
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANCILIA, JOHN R
1800 W. HIBISCUS BOULEVARD
SUITE 138
MELBOURNE, FL 32901 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: GREENSPOON, JEFFREY M.D.
Address: 709 SOUTH HARBOR CITY BOULEVARD
City-St-Zip: MELBOURNE, FL 32901 US

ADDITIONS/CHANGES:

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: JEFFREY GREENSPOON, MD

MGR

01/14/2008

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