

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000011048

**FILED**  
**Feb 02, 2010**  
**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 ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KANCILIA, JOHN R  
1795 WEST NASA BLVD.  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

GREENSPOON, JEFFREY M  
709 S. HARBOR CITY BLVD  
SUITE 100  
MELBOURNE, FL 32901 US

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: JEFFREY GREENSPOON, MD

02/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GREENSPOON, JEFFREY M.D.  
Address: 709 SOUTH HARBOR CITY BOULEVARD  
City-St-Zip: MELBOURNE, FL 32901 US

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 GREENSPOON, MD

MGR

02/02/2010

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