

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018916

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA SURGERY CENTER ENTERPRISES, LLC

Current Principal Place of Business:

2 COLUMBIA DRIVE
SUITE A327
TAMPA, FL 336063508 US

New Principal Place of Business:

1 TAMPA GENERAL CIRCLE
SUITE A327
TAMPA, FL 336063508 US

Current Mailing Address:

2 COLUMBIA DRIVE
SUITE A327
TAMPA, FL 336063508 US

New Mailing Address:

1 TAMPA GENERAL CIRCLE
SUITE A327
TAMPA, FL 336063508 US

FEI Number: 20-8493127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RASMUSSEN, ROBERT C
100 SOUTH ASHLEY DRIVE
SUITE 1300
TAMPA, FL 33602 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: MANGAR, DEVANAND
Address: 2 COLUMBIA DRIVE, SUITE A327
City-St-Zip: TAMPA, FL 336063508 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MANGAR, DEVANAND
Address: 1 TAMPA GENERAL CIRCLE, STE A327
City-St-Zip: TAMPA, FL 336063508 US

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: DEVANAND MANGAR

MGR

01/16/2009

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