

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051311

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** SURGICAL SPECIALISTS OF ST. LUCIE COUNTY, LLC

**Current Principal Place of Business:**

4632 S. 25TH STREET  
FORT PIERCE, FL 34981 US

**New Principal Place of Business:**

**Current Mailing Address:**

4632 S. 25TH STREET  
FORT PIERCE, FL 34981 US

**New Mailing Address:**

**FEI Number:** 26-0176703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANG, THOMAS K  
1836 EAGLE TRACE BLVD.  
PALM HARBOR, FL 34685 US

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

SLACK, CHRISTOPHER L  
4632 S 25TH ST  
FORT PIERCE, FL 34981 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: CHRISTOPHER SLACK

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SLACK, CHRISTOPHER L  
Address: 4632 S. 25TH STREET  
City-St-Zip: FORT PIERCE, FL 34981 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: CHRISTOPHER SLACK

MGRM

04/25/2011

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