

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061888

FILED
Apr 15, 2009
Secretary of State

Entity Name: SURGICAL PARTNERS, LLC

Current Principal Place of Business:

17874 NW 2ND ST.
PEMBROKE PINES, FL 330292806

New Principal Place of Business:

Current Mailing Address:

17874 NW 2ND ST.
PEMBROKE PINES, FL 330292806

New Mailing Address:

FEI Number: 26-1923405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA HEALTH LAW CENTER
3501 S. UNIVERSITY DRIVE, SUITE 10
DAVIE, FL 33328 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 () Delete
Name: ALTSCHULER, MARK A MD
Address: 21110 BISCAYNE BLVD #301
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM () Delete
Name: DE LA CABADA, ARMANDO MD
Address: 7100 W 20 AVE #504
City-St-Zip: HIALEAH, FL 33016 US

Title: MGRM () Delete
Name: EGOZI, LEON MD
Address: 4302 ALTON ROAD #500
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM () Delete
Name: FROST, JASON H DO
Address: 601 N. FLAMINGO ROAD #319
City-St-Zip: PEMROKE PINES, FL 33028

Title: MGRM () Delete
Name: JOHR, BERNARDO M MD
Address: 21110 BISCAYNE BLVD #301
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: SEREDA, DEXTER MD
Address: 601 N. FLAMINGO ROAD #211
City-St-Zip: PEMNROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
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Address:
City-St-Zip:

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: IDORIS RODRIGUEZ

COO

04/15/2009

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