2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2010
Secretary of State

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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
Name: ALTSCHULER, MARK A MD
Address: 21110 BISCAYNE BLVD #301
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM
Name: DE LA CABADA, ARMANDO MD
Address: 17874 NW 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM
Name: EGOZI, LEON MD
Address: 4308 ALTON ROAD #410
City-St-Zip: MIAMI BEACH, FL 33140 US

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

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

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 Statues.

SIGNATURE: ARMANDO DE LA CABADA MGRM 04/20/2010

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