

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000061888

**FILED**  
**Mar 15, 2011**  
**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  
**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 Statutes.

**SIGNATURE:** IDORIS RODRIGUEZ

COO

03/15/2011

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