

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080825

FILED
May 13, 2008
Secretary of State

Entity Name: SAMPSON SURGICAL CENTER, LLC

Current Principal Place of Business:

730 W. INDIANTOWN ROAD
JUPITER, FL 33458

New Principal Place of Business:

730 W. INDIANTOWN ROAD
JUPITER, FL 33458 US

Current Mailing Address:

P.O. BOX 30533
PALM BEACH GARDENS, FL 33420

New Mailing Address:

106 PLAYA RIENTA WAY
PALM BEACH GARDENS, FL 33418 US

FEI Number: 65-0617413 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SINGER, MICHAEL S ESQ
3801 PGA BOULEVARD, SUITE 604
PALM BEACH GARDENS, FL US

Name and Address of New Registered Agent:

SINGER, MICHAEL S ESQ
3801 PGA BOULEVARD
SUITE 604
PALM BEACH GARDENS, FL 33410 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: MICHAEL S. SINGER

05/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHUTER, I. DAVID
Address: 730 W. INDIANTOWN ROAD
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHUTER, I. DAVID
Address: 730 W. INDIANTOWN ROAD
City-St-Zip: JUPITER, FL 33458 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: I. DAVID SHUTER

MGRM

05/13/2008

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