# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2010**
**Secretary of State**

DOCUMENT# L07000097341

**Entity Name:** AMBULATORY SURGERY COMPANY II, LLC

**Current Principal Place of Business:**

1400 VILLAGE SQUARE BOULEVARD
#3-259
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

1400 VILLAGE SQUARE BOULEVARD
#3-259
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number: 26-1118217** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SHAPIRO, DEBBIE B
1400 VILLAGE SQUARE BOULEVARD
#3-259
TALLAHASSEE, FL 32312 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: SHAPIRO, DEBBIE B
Address: 1400 VILLAGE SQUARE BOULEVARD #3-259
City-St-Zip: TALLAHASSEE, FL 32312

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: DEBBIE B SHAPIRO MGRM 04/27/2010

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