

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 04, 2008 8:00 am
Secretary of State

05-01-2008 90040 023 ***138.75

30008650



04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number **35-8325646** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBBER, DALE S ESQ.
C/O BUCHANAN INGERSOLL & ROONEY PC
401 EAST JACKSON STREET, SUITE 2500
TAMPA, FL 33602

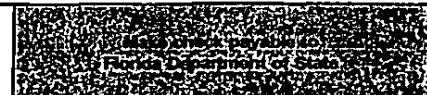
7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75



9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Patrick A. Taylor, M.D. 4725 N. Federal Highway Fort Lauderdale, FL 33308	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Linda V. Wilford 4725 N. Federal Highway Fort Lauderdale, FL 33308	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Alan S. Routman, M.D. 5601 N. Dixie Highway, Suite 210 Fort Lauderdale, FL 33334	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Iley C. Neely, M.D. 5601 N. Dixie Highway, Suite 115 Fort Lauderdale, FL 33334	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James E. Lang, M.D. 4800 NE 20th Terrace, Suite 305 Fort Lauderdale, FL 33308	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mark R. Dissette 4725 N. Federal Highway Fort Lauderdale, FL 33308	☐ Change ☒ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: Patrick A. Taylor, M.D. 954-958-4837
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

30008650

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Document #L07000103423

Physicians Outpatient Surgery Center, LLC

#10. Addition:

MGRM
Joseph J. Casey, M.D.
5601 N. Dixie Highway, Suite 407
Fort Lauderdale, FL 33334