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

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DOCUMENT # L07000103423

1. Entity Name
PHYSICIANS OUTPATIENT SURGERY CENTER, LLC

Principal Place of Business	Mailing Address
1000 N.E. 56TH STREET OAKLAND PARK, FL 33334	1000 N.E. 56TH STREET OAKLAND PARK, FL 33334

04212008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 35-2325646 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEBBER, DALE S ESQ. C/O BUCHANAN INGERSOLL & ROONEY PC 401 EAST JACKSON STREET, SUITE 2500 TAMPA, FL 33602	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 reinstating)

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

(Make check payable to Florida Department of State)

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition MGRM Patrick A. Taylor, M.D. 4725 N. Federal Highway Fort Lauderdale, FL 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition MGRM Linda V. Wilford 4725 N. Federal Highway Fort Lauderdale, FL 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition MGRM Alan S. Routman, M.D. 5601 N. Dixie Highway, Suite 210 Fort Lauderdale, FL 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition MGRM Iley C. Neely, M.D. 5601 N. Dixie Highway, Suite 115 Fort Lauderdale, FL 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition MGRM James E. Lang, M.D. 4800 NE 20th Terrace, Suite 305 Fort Lauderdale, FL 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition MGR Mark R. Dissette 4725 N. Federal Highway Fort Lauderdale, FL 33308

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 608, Florida Statutes.

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

ATTACHMENT
30008650

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Physicians Outpatient Surgery Center, LLC

#10. Addition:

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