

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103423

FILED
Apr 23, 2009
Secretary of State

Entity Name: PHYSICIANS OUTPATIENT SURGERY CENTER, LLC

Current Principal Place of Business:

1000 N.E. 56TH STREET
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

1000 N.E. 56TH STREET
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 35-2325646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

HOLY CROSS HOSPITAL, INC.
ATTN: PRESIDENT/CEO
4725 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308 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: JOHN C. JOHNSON, PRESIDENT/CEO

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TAYLOR, PATRICK A
Address: 4725 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM () Delete
Name: WILFORD, LINDA V
Address: 4725 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM () Delete
Name: ROUTMAN, ALAN S M.D.
Address: 5601 N DIXIE HIGHWAY STE 210
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGRM () Delete
Name: NEELY, ILEY C MD
Address: 5601 N DIXIE HWY STE 305
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGRM () Delete
Name: LANG, JAMES E M.D.
Address: 4800 NE 20TH TERRRACE STE 305
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM () Delete
Name: DISSETTE, MARK R
Address: 4725 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MELI, PAUL I MD
Address: 4701 N. FEDERAL HIGHWAY, SUITE A-39
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK R. DISSETTE

MGRM

04/23/2009

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