2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

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Entity Name: PHYSICIANS OUTPATIENT SURGERY CENTER, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1000 N.E. 56TH STREET
OALKLAND 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:

HOLY CROSS HOSPITAL, INC.
ATTN: PRESIDENT/CEO
4725 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308 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: TAYLOR, PATRICK A
Address: 4725 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

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

Title: S
Name: KLEINHENZ, DOMINIC J M.D.
Address: 1821 NE 25TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: VP
Name: MELI, PAUL I MD
Address: 4701 N. FEDERAL HIGHWAY, SUITE A-39
City-St-Zip: FORT LAUDERDALE, FL 33308

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

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

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: LINDA V. WILFORD PT 04/28/2010

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