2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103423

Entity Name: PHYSICIANS OUTPATIENT SURGERY CENTER, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1000 N.E. 56TH STREET OALKLAND PARK, FL 33334	

Current Mailing Address:	**New Mailing Address:**
1000 N.E. 56TH STREET OALKLAND PARK, FL 33334	

FEI Number: 35-2325646   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

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

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title: VP
Name: DESMARTEAU, JAMES T
Address: 4725 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

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

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

Title: S
Name: NEELY, ILEY MD
Address: 5601 N. DIXIE HWY, SUITE 115
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGRM
Name: TAUB, DAVID M.D.
Address: 4725 N. FEDERAL HIGHWAY
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: MARK R. DISSETTE   MGRM   04/21/2011

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