

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106501

**FILED**  
**Apr 23, 2008**  
**Secretary of State**

**Entity Name:** UNIVERSAL SURGICAL CENTER I, L.L.C.

**Current Principal Place of Business:**

6452 SW 157TH CT.  
MIAMI, FL 33193 US

**New Principal Place of Business:**

150 SW 12TH AVE  
SUITE 440  
POMPANO BEACH, FL 33069 US

**Current Mailing Address:**

6452 SW 157TH CT.  
MIAMI, FL 33193 US

**New Mailing Address:**

150 SW 12TH AVE  
POMPANO BEACH, FL 33069 US

**FEI Number:** 26-1281129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BALLINGER, STEVEN R  
1792 BELL TOWER LANE  
WESTON, FL 33326 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 ( ) Delete  
Name: AMERICAN MEDICAL INV, ESTMENTS INC.  
Address: 6452 SW 157TH CT  
City-St-Zip: MIAMI, FL 33193 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AMERICAN MEDICAL INV, ESTMENTS INC.  
Address: 150 SW 12TH AVE. SUITE 440  
City-St-Zip: POMPANO BEACH, FL 33069 US

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:** EDWARD KOSTISHION

MGRM

04/23/2008

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