

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108007

FILED
Apr 16, 2008
Secretary of State

Entity Name: BONITA SPRINGS OUTPATIENT SURGICAL CENTER, LLC

Current Principal Place of Business:

C/O MICHAEL GREENWALD
9807 VIA VERGA
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL GREENWALD
9807 VIA VERGA
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 30-0385646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHTER, DARLINE
TRAVANI & RICHTER, P.A.
4360 NORTHLAKE BLVD., SUITE 102
PALM BEACH GARDENS, FL 33410 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: MGR () Delete
Name: WEST COAST SURGICAL, MANAGEMENT, L L C
Address: 9807 VIA VARGA
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR () Delete
Name: SMART SURGICAL MANA, GEMENT, LLC
Address: 9471 W. MCNAB ROAD
City-St-Zip: TAMARAC, FL 33021

ADDITIONS/CHANGES:

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: BRETT GREENWALD

MGR

04/16/2008

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