2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# L07000112177

Entity Name: UNIVERSAL SURGICAL ASSOCIATES, LLC

Current Principal Place of Business:

3661 S. MIAMI AVE., SUITE 708
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3661 S. MIAMI AVE., SUITE 708
MIAMI, FL 33133

New Mailing Address:

FEI Number: 26-1367706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLEITES, JUAN C
3661 S. MIAMI AVE., SUITE 708
MIAMI, FL 33133 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: FLEITES, JUAN C
Address: 3661 S. MIAMI AVE., SUITE 708
City-St-Zip: MIAMI, FL 33133

Title: MGRM ( ) Delete
Name: ZIRIO, GILBERTO
Address: 3661 S. MIAMI AVE., SUITE 708
City-St-Zip: MIAMI, FL 33133

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: FERNANDEZ, JOSEFA R
Address: 3661 S. MIAMI AVE. SUITE 708
City-St-Zip: MIAMI, FL 33133

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: JUAN CARLOS FLEITES PRES 03/13/2009

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