

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000112177

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

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

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

**Title:** MGRM  
**Name:** FERNANDEZ, JOSEFA R  
**Address:** 3661 S. MIAMI AVE. SUITE 708  
**City-St-Zip:** MIAMI, FL 33133

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 Statutes.

**SIGNATURE:** JUAN C FLEITES

MGRM

03/24/2010

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