2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000113862

Entity Name: APOLLO SURGERY CENTER, LLC

Current Principal Place of Business:

375 S WICKHAM RD
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1988
MELBOURNE, FL 32902

New Mailing Address:

FEI Number: 26-1387775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARID, MAGED
240 N WICKHAM RD
SUITE 102
MELBOURNE, FL 32935 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:	GADALLAH, SHIREEN	
Address:	25 E. SILVER PALM AVE, SUITE B	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	MGRM	( ) Delete
Name:	FARID, MAGED	
Address:	240 N. WICKHAM RD, SUITE 102	
City-St-Zip:	MELBOURNE, FL 32935	

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: MAGED FARID MGRM 04/30/2009

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