

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000113862

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**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  
**Name:** GADALLAH, SHIREEN  
**Address:** 25 E. SILVER PALM AVE, SUITE B  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** MGRM  
**Name:** FARID, MAGED  
**Address:** 240 N. WICKHAM RD, SUITE 102  
**City-St-Zip:** MELBOURNE, FL 32935

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:** MAGED FARID

MGRM

04/29/2011

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