

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004737

FILED
Mar 20, 2009
Secretary of State

Entity Name: GARDENS SURGERY CENTER, LLC

Current Principal Place of Business:

2865 PGA BLVD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

2865 PGA BLVD
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 26-1746175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELANGE, GREGORY S MD
2865 PGA BLVD
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: DELANGE, GREGORY S MD
Address: 2865 PGA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM (X) Delete
Name: FORTUNATO, DANIEL A
Address: 3450 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403 US

Title: MGRM (X) Delete
Name: GATNY, SERGEI MD
Address: 1 WEST CAMINO REAL #218
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES:

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

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: GREGORY S. DELANGE, M.D.

MGR

03/20/2009

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