

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007670

FILED
Apr 01, 2009
Secretary of State

Entity Name: PREMIER SURGICAL CENTER, L.L.C.

Current Principal Place of Business:

2060 N DONNELLY STREET
MT. DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

2060 N DONNELLY STREET
MT. DORA, FL 32757 US

New Mailing Address:

FEI Number: 26-1807944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 N MILLS AVE
SUITE 4
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

NAGABHAIRU, LALBAHADUR S M.D.
2060 N DONNELLY STREET
MT. DORA, FL 32757 US

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: LALBAHADUR S. NAGABHAIRU, M.D.

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NAGABHAIRU, LALBAHADUR S M.D.
Address: 2060 N DONNELLY STREET
City-St-Zip: MT. DORA, FL 32757 US

Title: MGR () Delete
Name: GOODMAN, JEFFREY A M.D.
Address: 1879 NIGHTINGALE LANE, SUITE C2
City-St-Zip: TAVARES, FL 32778 US

Title: MGR () Delete
Name: BASKAR, SOUNDARPANDIAN M.D.
Address: 2060 N DONNELLY STREET
City-St-Zip: MT. DORA, FL 32757 US

Title: MGR () Delete
Name: RAMAIAH, BHARATHI M.D.
Address: 2060 N DONNELLY STREE
City-St-Zip: MT. DORA, FL 32757 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:

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: LALBAHADUR S. NAGABHAIRU, M.D.

MGR

04/01/2009

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