

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000007670

**FILED**  
**Apr 29, 2011**  
**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: 26-1817944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWMAN, RICHARD P ESQ.  
1000 W. MAIN STREET  
LEESBURG, FL 34748 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  
Name: NAGABHAIRU, LALBAHADUR S.M.D.  
Address: 2060 N DONNELLY STREET  
City-St-Zip: MT. DORA, FL 32757 US

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: LALBAHADUR NAGABHAIRU

MGR

04/29/2011

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