

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035371

FILED  
May 27, 2009  
Secretary of State

**Entity Name:** SURGERY CENTER OF PEMBROKE PINES, L.L.C.

**Current Principal Place of Business:**

C/O ASCOA  
195 HANOVER ST - STE 2  
HANOVER, MA 02339

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ASCOA  
195 HANOVER ST - STE 2  
HANOVER, MA 02339

**New Mailing Address:**

**FEI Number:** 26-3364068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PALMER, DEAN M.D.  
Address: 1951 SW 172ND AVE  
City-St-Zip: HOLLYWOOD, FL 33029

Title: MGR ( ) Delete  
Name: JOHNSON, MAURY M.D.  
Address: 601 N FLAMINGO RD - # 203  
City-St-Zip: PEMBROKE PIENS, FL 33028

Title: MGR ( ) Delete  
Name: POPKIN, CATHERINE M.D.  
Address: 601 N FLAMINGO RD - # 203  
City-St-Zip: PEMBROKE PIENS, FL 33028

Title: MGR ( ) Delete  
Name: BENNETT, CAREN M.D.  
Address: 3157 N UNIVERSITY DR  
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGR ( ) Delete  
Name: BOMBARDIER, THOMAS  
Address: % ASCOA - 195 HANOVER ST - STE 2  
City-St-Zip: HANOVER, MI 02339

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: JAYSON, MAURY M.D.  
Address: 601 N FLAMINGO RD - # 203  
City-St-Zip: PEMBROKE PIENS, FL 33028

Title: MGR (X) Change ( ) Addition  
Name: BACH, GREGORY M.D.  
Address: 3702 WASHINGTON STREET #101  
City-St-Zip: HOLLYWOOD, FL 33021

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: THOMAS BOMBARDIER

MGR

05/27/2009

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