

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035371

FILED
Jan 23, 2012
Secretary of State

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

Current Principal Place of Business:

7261 SHERIDAN STREET
100A
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

7261 SHERIDAN STREET
100A
HOLLYWOOD, FL 33024

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
Name: PALMER, DEAN M.D.
Address: 1951 SW 172ND AVE
City-St-Zip: HOLLYWOOD, FL 33029

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

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

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

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

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: JORGE CARBALLO

ADM

01/23/2012

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