

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038207

FILED
Aug 27, 2009
Secretary of State

Entity Name: SURGERY CENTER OF MOUNT DORA, LLC

Current Principal Place of Business:

4 WESTBROOK CORPORATE CENTER
STE 440
WESTCHESTER, IL 60154

New Principal Place of Business:

3710 LAKE CENTER DR
MOUNT DORA, FL 32757

Current Mailing Address:

4 WESTBROOK CORPORATE CENTER
STE 440
WESTCHESTER, IL 60154

New Mailing Address:

FEI Number: 26-2446297 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

SHIRLEY, THOMAS
3710 LAKE CENTER DR
MOUNT 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: SHIRLEY THOMAS

08/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BJERKEN, DAVID M.D.
Address: PO BOX 547
City-St-Zip: TAVARES, FL 32778

Title: MGR () Delete
Name: CASSELL, JACK M.D.
Address: 18526 COUNTY ROAD 44A
City-St-Zip: EUSTIS, FL 32726

Title: MGR () Delete
Name: GURU, SAMIR M.D.
Address: 1227 LAKE WHITNEY DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: MASCARENHAS, BORYS M.D.
Address: 5012 GREENBRIAR TRAIL
City-St-Zip: MOUNT DORA, FL 327579100

Title: MGR () Delete
Name: GARY, NAP
Address: TWO WESTBROOK CORP CTR., STE 1010
City-St-Zip: WESTCHESTER, IL 60154

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:

Title: MGR (X) Change () Addition
Name: JOYCE, DENO
Address: 4 WESTBROOK CORP CTR #440
City-St-Zip: WESTCHESTER, IL 60154

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: JOYCE DENO

MGR

08/27/2009

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