

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038207

FILED
Jan 04, 2011
Secretary of State

Entity Name: SURGERY CENTER OF MOUNT DORA, LLC

Current Principal Place of Business:

3710 LAKE CENTER DR
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

3710 LAKE CENTER DR
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 26-2446297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, SHIRLEY A ADMINIS
3710 LAKE CENTER DR
MOUNT DORA, FL 32757 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: BJERKEN, DAVID M.D.
Address: PO BOX 547
City-St-Zip: TAVARES, FL 32778

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

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

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

Title: MGR
Name: JOYCE, DENO-THOMAS
Address: 4 WESTBROOK CORP CTR #440
City-St-Zip: WESTCHESTER, IL 60154

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: SHIRLEY A. THOMAS

ADM

01/04/2011

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