

# 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