

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000038207

**FILED**  
**Apr 26, 2012**  
**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:** PERRY, DONALD MD  
**Address:** 2053 MAYO DRIVE  
**City-St-Zip:** TAVARES, FL 32778

**Title:** MGR  
**Name:** LEESBURG REGIONAL MEDICAL CENTER  
**Address:** 600 E. DIXIE AVE  
**City-St-Zip:** LEESBURG, FL 34798

**Title:** MGR  
**Name:** REGENT SURGICAL HEALTHCARE  
**Address:** 4 WESTBROOK CIRCLE, SUITE 440  
**City-St-Zip:** WESTCHESTER, IL 60164

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 THOMAS

ADM

04/26/2012

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