

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083179

**FILED**  
**Mar 17, 2009**  
**Secretary of State**

**Entity Name:** ADVANCED SURGERY CENTER OF PALM BEACH COUNTY, LLC

**Current Principal Place of Business:**

12989 SOUTHERN BLVD,  
SUITE 202  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

5065 SR 7  
SUITE 101  
LAKE WORTH, FL 33449

**Current Mailing Address:**

P. O. BOX 213039  
ROYAL PALM BEACH, FL 33421

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAMER, CHARLES W  
1411 EDGEWATER DRIVE  
SUITE 200  
ORLANDO, FL 32804 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: MGRM ( ) Delete  
Name: EISENMAN, JESSE  
Address: 12989 SOUTHERN BLVD,, SUITE 202  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM ( ) Delete  
Name: EISENMAN, RICHARD  
Address: 12989 SOUTHERN BLVD,, SUITE 202  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MNG ( ) Change (X) Addition  
Name: TALBOTT, MADELEINE C  
Address: 5065 SR 7  
City-St-Zip: LAKE WORTH, FL 33449

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: MADELEINE C TALBOTT

MNG

03/17/2009

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