

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083179

FILED
Mar 26, 2010
Secretary of State

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

Current Principal Place of Business:

5065 SR 7
SUITE 101
LAKE WORTH, FL 33449

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

5065 SR 7
SUITE 101
LAKE WORTH, FL 33449

FEI Number: 26-2830080

FEI Number Applied For ()

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
Name: EISENMAN, JESSE
Address: 12989 SOUTHERN BLVD., SUITE 202
City-St-Zip: LOXAHATCHEE, FL 33470

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

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

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: MADELEINE C TALBOTT

MNG

03/26/2010

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