

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092603

FILED
Apr 29, 2009
Secretary of State

Entity Name: CHILDRENS SURGERY CENTER LLC

Current Principal Place of Business:

8213 WHITE SWAN COURT
ORLANDO, FL 32836

New Principal Place of Business:

1507 SOUTH HIAWASSEE RD SUITE 103
ORLANDO, FL 32835

Current Mailing Address:

8213 WHITE SWAN COURT
ORLANDO, FL 32836

New Mailing Address:

1507 SOUTH HIAWASSEE RD SUITE 103
ORLANDO, FL 32835

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 322025017 US

Name and Address of New Registered Agent:

KOSKO, JAMES R MGR
1507 SOUTH HIAWASSEE RD SUITE 103
ORLANDO, FL 32835 US

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: JAMES R KOSKO

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: KOSKO, JAMES R MGR
Address: 1507 SOUTH HIAWASSEE RD SUITE 103
City-St-Zip: ORLANDO, FL 32835

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: JAMES R KOSKO

MGR

04/29/2009

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