

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093997

FILED
Aug 23, 2011
Secretary of State

Entity Name: CRANE CREEK SURGICAL PARTNERS MANAGEMENT LLC

Current Principal Place of Business:

930 SOUTH HARBOR CITY BOULEVARD
MELBOURNE, FL 32901 US

New Principal Place of Business:

2222 SOUTH HARBOR CITY BOULEVARD
SUITE 540
MELBOURNE, FL 32901 US

Current Mailing Address:

930 SOUTH HARBOR CITY BOULEVARD
MELBOURNE, FL 32901 US

New Mailing Address:

2222 SOUTH HARBOR CITY BOULEVARD
SUITE 540
MELBOURNE, FL 32901 US

FEI Number: 26-3488614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANCILIA, JOHN R
1795 W. NASA BOULEVARD
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: KATIE MARKOWSKI - ASSISTANT SECRETARY

08/23/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BRENNAN, ROBERT M.D.
Address: 2222 SOUTH HARBOR CITY BLVD, SUITE 540
City-St-Zip: MELBOURNE, FL 32901 US

Title: MGR
Name: HYNES, RICHARD A M.D.
Address: 2222 SOUTH HARBOR CITY BLVD, SUITE 540
City-St-Zip: MELBOURNE, FL 32901 US

Title: MGR
Name: LENOCI, MARTIN M.D.
Address: 2222 SOUTH HARBOR CITY BLVD., SUITE 540
City-St-Zip: MELBOURNE, FL 32901 US

Title: MGR
Name: BORBOROGLU, PRODOMOS M.D.
Address: 2222 SOUTH HARBOR CITY BLVD, SUITE 540
City-St-Zip: MELBOURNE, FL 32901 US

Title: MGR
Name: FREEMAN, FRED M.D.
Address: 2222 SOUTH HARBOR CITY BLVD., SUITE 540
City-St-Zip: MELBOURNE, FL 32901 US

Title: MGR
Name: LELAND, JEFF
Address: 4760 RED BANK EXPRESSWAY, SUITE 222
City-St-Zip: CINCINNATI, OH 45227 US

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: JEFF LELAND

MGR

08/23/2011

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

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Crane Creek Surgical Partners Management, LLC

Additional Managers

Clifford L. Gelman, M.D.
2222 South Harbor City Blvd
Suite 540
Melbourne, FL 32901 US

Anthony Saracino, M.D.
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