

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000108956

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** PACAYA BAY SURGERY CENTER LLC

**Current Principal Place of Business:**

13981 MCGREGOR BLVD  
SUITE 102  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

13981 MCGREGOR BLVD.  
SUITE 101  
FORT MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 26-3709388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RITROSKY, JOHN D  
12640 WORLD PLAZA LANE  
BLDG71  
FORT MYERS, FL 33907 US

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

RITROSKY, JOHN D  
13981 MCGREGOR BLVD  
SUITE 101  
FORT MYERS, FL 33919 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: JOHN D RITROSKY

04/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RITROSKY, JOHN D  
Address: 13981 MCGREGOR BLVD SUITE 101  
City-St-Zip: FT MYERS, FL 33919 US

Title: MGRM  
Name: RITROSKY, SANDRA D  
Address: 13981 MCGREGOR BLVD SUITE 101  
City-St-Zip: FT MYERS, FL 33919 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: JOHN D RITROSKY

MGR

04/16/2010

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