

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108994

FILED
Jan 23, 2009
Secretary of State

Entity Name: ALTAMONTE OUTPATIENT SURGERY CENTER, LLC

Current Principal Place of Business:

652 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32750

New Principal Place of Business:

Current Mailing Address:

1960 BRIDGEWATER DRIVE
HEATHROW, FL 32746

New Mailing Address:

FEI Number: 26-3786795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRATTON, BELINDA
132 BENMORE DRIVE
WINTER PARK, FL 32792 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: MGR () Delete
Name: MACK, JONI L
Address: 1960 BRIDGEWATER DRIVE
City-St-Zip: HEATHROW, FL 32746

Title: MGR () Delete
Name: MOUNTAIN, MATTHEW DC
Address: 777 DELTONA BLVD, STE 21
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES:

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

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

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: JONI L. MACK

MGR

01/23/2009

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