2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# L08000108994

Entity Name: ALTAMONTE OUTPATIENT SURGERY CENTER, LLC

Current Principal Place of Business:

652 PALM SPRINGS DRIVE
ALTAMONTE SPRINTS, FL 32701

New Principal Place of Business:

652 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

1960 BRIDGEWATER DRIVE
HEATHROW, FL 32746

New Mailing Address:

652 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701

FEI Number: 26-3786795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STRATTON, BELINDA
652 PALM SPRINGS DRIVE
ALTAMONTE SPRINTS, FL 32701 US

Name and Address of New Registered Agent:

MACK, JONI
652 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701 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: JONI MACK 05/03/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KARIM, SYED
Address: 652 PALM SPRINGS DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 Statues.

SIGNATURE: SYED KARIM MGR 05/03/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date