

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000007539

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** ORLANDO ORTHOPAEDIC OUTPATIENT SURGERY CENTER, LLC

**Current Principal Place of Business:**

45 W. CRYSTAL LAKE STREET  
STE. 300  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

45 W. CRYSTAL LAKE STREET  
STE. 300  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 26-4122762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCROGGINS, STACY  
1471 CADES BAY AVENUE  
JUPITER, FL 33458 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  
Name: SCHWARTZBERG, RANDY S M.D.  
Address: 25 W. CRYSTAL LAKE STREET, STE. 200  
City-St-Zip: ORLANDO, FL 32806

Title: MGR  
Name: REUSS, BRYAN L M.D.  
Address: 25 W. CRYSTAL LAKE STREET, STE. 200  
City-St-Zip: ORLANDO, FL 32806

Title: MGR  
Name: WIERNIK, DANIEL L D.P.M.  
Address: 25 W. CRYSTAL LAKE STREET, STE. 200  
City-St-Zip: ORLANDO, FL 32806

Title: MGR  
Name: WEBER, STEVEN E M.D.  
Address: 25 W. CRYSTAL LAKE STREET, STE. 200  
City-St-Zip: ORLANDO, FL 32806

Title: MGR  
Name: CHRISTENSEN, ALAN W M.D.  
Address: 25 W. CRYSTAL LAKE STREET, STE. 200  
City-St-Zip: ORLANDO, FL 32806

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: H. STACY SCROGGINS

MGR

01/04/2011

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