

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000007539

FILED
Jan 11, 2012
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:

SCROGGINS, H. STACY
1471 CADES BAY AVENUE
JUPITER, FL 33458 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: H. STACY SCROGGINS

01/11/2012

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 D.O.
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: RANDY SCHWARTZBERG, M.D.

MGR

01/11/2012

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