

2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000022714

**FILED
Aug 25, 2011
Secretary of State****Entity Name:** CLEARWATER SURGICAL ASSOCIATES, PLLC**Current Principal Place of Business:**1106 DRUID ROAD SOUTH
SUITE 301
CLEARWATER, FL 33756**New Principal Place of Business:****Current Mailing Address:**
1106 DRUID ROAD SOUTH
SUITE 301
CLEARWATER, FL 33756**New Mailing Address:**

FEI Number: 26-4416321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:ERICKSON, KURT V MD
1106 DRUID ROAD SOUTH
SUITE 301
CLEARWATER, FL 33756 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: MGRM
Name: ERICKSON, KURT V
Address: 1106 DRUID ROAD SOUTH, SUITE 301
City-St-Zip: CLEARWATER, FL 33756

Title: T
Name: TIRONE, THOMAS A MD
Address: 1106 DRUID ROAD SOUTH SUITE 301
City-St-Zip: CLEARWATER, FL 33756

Title: VP
Name: RODRIGUEZ, RICHARD DO
Address: 1106 DRUID ROAD SOUTH, SUITE 301
City-St-Zip: CLEARWATER, FL 33756

Title: CFO
Name: HAYDON, ALLAN H MD
Address: 1106 DRUID ROAD SOUTH SUITE 301
City-St-Zip: CLEARWATER, FL 33756

Title: S
Name: MAY, FARNSWORTH R MD
Address: 1106 DRUID ROAD SOUTH, SUITE 301
City-St-Zip: CLEARWATER, FL 33756

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: KURT V ERICKSON

MGRM

08/25/2011

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