

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