2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

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Entity Name: WEST BROWARD SURGICAL SPECIALISTS, PL

Current Principal Place of Business:

350 NW 84TH AVE STE 311
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

350 NW 84TH AVE STE 311
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-1759480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARD J. MOFSEN, C.P.A., P.A.
9728 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065 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: HERMAN, FREDERICK N
Address: 350 NW 84TH AVE STE 311
City-St-Zip: PLANTATION, FL 33324

Title: MGRM
Name: WEINSTEIN, BRIAN K
Address: 350 NW 84TH AVE STE 311
City-St-Zip: PLANTATION, FL 33324

Title: MGRM
Name: DOTY, JAMES M
Address: 350 NW 84TH AVE STE 311
City-St-Zip: PLANTATION, FL 33324

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: SHEILA BAKER O.M. 01/06/2011

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