2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000061240

Entity Name: BROWARD MULTISPECIALTY SURGERY CENTER, LLC

FILED Sep 01, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2307 WEST BROWARD BLVD RIVERBEND CORPORATE PARK, BLDG B STE 200 FT. LAUDERDALE, FL 33312

Current Mailing Address: New Mailing Address:

195 HANOVER ST, STE 2 HANOVER, MA 02339 195 HANOVER ST SUITE 2 HANOVER, MA 02339

FEI Number: 27-0952902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR

Name: ORORUKE, AIDEN MD

Address: 401 E. LAS OLAS BLVD. STE. 130-137

City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGR

Name: ELGUT, NOEL MD

Address: 401 E. LAS OLAS BLVD. STE. 130-137

City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGR

Name: LOGAN, ANDREW MD

Address: 401 E. LAS OLAS BLVD. STE. 130-137

City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGR

Name: SINKOE, STEPHEN MD

Address: 401 E. LAS OLAS BLVD. STE. 130-137

City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGR

Name: BOMBARDIER, THOMAS MD Address: 195 HANOVER ST STE 2 City-St-Zip: HANOVER, MA 02339

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: THOMAS BOMBARDIER MGR 09/01/2010