

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000068894

FILED
Jan 07, 2010
Secretary of State

Entity Name: MURDOCK AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

1420 EDUCATION WAY
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

1400 EDUCATION WAY
PORT CHARLOTTE, FL 33948

Current Mailing Address:

1420 EDUCATION WAY
PORT CHARLOTTE, FL 33948

New Mailing Address:

1400 EDUCATION WAY
PORT CHARLOTTE, FL 33948

FEI Number: 20-1543128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELGEMO, STEPHEN M.D.
1420 EDUCATION WAY
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

HELGEMO, STEPHEN M.D.
1400 EDUCATION WAY
PORT CHARLOTTE, FL 33948 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: STEPHEN HELGEMO MD

01/07/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HELGEMO, STEPHEN M.D.
Address: 1400 EDUCATION WAY
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGR
Name: BAGAN, MATTHEW M.D.
Address: 1400 EDUCATION WAY
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGR
Name: STCHUR, ROBERT M.D.
Address: 1400 EDUCATION WAY
City-St-Zip: PORT CHARLOTTE, FL 33948

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: STEPHEN HELGEMO

MD

01/07/2010

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