2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2012
Secretary of State

DOCUMENT# L09000089424

Entity Name: THE BREVARD SPECIALTY SURGERY CENTER, LLC

Current Principal Place of Business:

95 BULLDOG BLVD., SUITE 104
MELBOURNE, FL 329013175

New Principal Place of Business:

Current Mailing Address:

95 BULLDOG BLVD., SUITE 104
MELBOURNE, FL 329013175

New Mailing Address:

FEI Number: 27-0920146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: OLINDE, JOHN M.D.
Address: 1344 S. APOLLO BLVD., SUITE D
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM
Name: KOMAR, ALEKSANDER M.D.
Address: 2200 W. EAU GALLIE BLVD., SUITE 202-B
City-St-Zip: MELBOURNE, FL 32935

Title: MGRM
Name: MALIS, DAVID M.D.
Address: 1499 S. HARBOR CITY BLVD., SUITE 303
City-St-Zip: MELBOURNE, FL 32901

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: JOHN OLINDE, MD DR. 01/13/2012

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