

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000106339

FILED
Mar 15, 2011
Secretary of State

Entity Name: SURGICAL PARTNERS OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

4055 HIGH RIDGE DR
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

4055 HIGH RIDGE DR
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 27-1245686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARBLE, AUDREY
4055 HIGH RIDGE DR
NEW SMYRNA BEACH, FL 32168 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: PST
Name: ARBLE, AUDREY
Address: 4055 HIGH RIDGE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: AUDREY ARBLE

PST

03/15/2011

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