2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# L09000107781

Entity Name: CITRUS SURGERY CENTER PHYSICIANS COMPANY, LLC

Current Principal Place of Business:

201 NORTH FRANKLIN STREET, STE. 2200
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

201 NORTH FRANKLIN STREET, STE. 2200
TAMPA, FL 33629

New Mailing Address:

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

Name and Address of Current Registered Agent:

NOLAN, MICHAEL J
201 NORTH FRANKLIN STREET, STE. 2200
TAMPA, FL 33629 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: GUARINO, MICHAEL A
Address: 201 NORTH FRANKLIN STREET, STE. 2200
City-St-Zip: TAMPA, FL 33629

Title: MGRM
Name: BALD, WILL
Address: 201 NORTH FRANKLIN STREET, STE. 2200
City-St-Zip: TAMPA, FL 33629

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: MICHAEL GUARINO MGRM 02/18/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date