

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000115168

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** SUN CITY CENTER OUTPATIENT SURGICAL CENTER, LLC

**Current Principal Place of Business:**

1901 HAVERFORD #105  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

1901 HAVERFORD #105  
SUN CITY CENTER, FL 33573

**New Mailing Address:**

**FEI Number:** 27-1438118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, MAX A ESQ.  
THE MEDI-LAW FIRM  
1400 NW 10 AVE., PH III  
MIAMI, FL 33136 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: AMSHEL, CRAIG E  
Address: 1901 HAVERFORD #105  
City-St-Zip: SUN CITY CENTER, FL 33573

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: CRAIG AMSHEL

MD

03/23/2010

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