

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000054823

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** MIAMI BEACH SURGICAL ASSOCIATES LLC

**Current Principal Place of Business:**

4302 ALTON ROAD  
SUITE 630  
MIAMI BEACH, FL 331402876 US

**New Principal Place of Business:**

**Current Mailing Address:**

4302 ALTON ROAD  
SUITE 630  
MIAMI BEACH, FL 331402876 US

**New Mailing Address:**

**FEI Number:** 27-2716182

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDRA GREENBLATT, P.A.  
201 S. BISCAYNE BLVD.  
MIAMI CENTER 17TH FLOOR  
MIAMI, FL 33131 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:** MGR  
**Name:** WILLIS, IRVIN H M.D.  
**Address:** 4302 ALTON ROAD, SUITE 630  
**City-St-Zip:** MIAMI BEACH, FL 331402876 US

**Title:** MGR  
**Name:** SENDZISCHEW, HARRY M.D.  
**Address:** 4302 ALTON ROAD, SUITE 630  
**City-St-Zip:** MIAMI BEACH, FL 331402876 US

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: IRVIN H WILLIS MD

MGR

01/09/2011

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