

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000109203

Entity Name: ISPM OF FLORIDA, LLC

FILED
Feb 07, 2012
Secretary of State

Current Principal Place of Business:

610 E. OLYMPIA AVE., STE 100
PUNTA GORDA, FL 33950

New Principal Place of Business:

610 E. OLYMPIA AVE.
STE 202
PUNTA GORDA, FL 33950 US

Current Mailing Address:

610 E. OLYMPIA AVE., STE 100
PUNTA GORDA, FL 33950

New Mailing Address:

3400 PEACHTREE RD NE
STE 811
ATLANTA, GA 30326

FEI Number: 27-2386799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARBORSIDE SURGERY CENTER
610 EAST OLYMPIA AVE
STE 100
PUNTA GORDA, FL 33950 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: FOWLER, ROBIN J M.D.
Address: 281 WEST PACES FERRY RD NW
City-St-Zip: ATLANTA, GA 30305

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: ROBIN J FOWLER

MGR

02/07/2012

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