2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# L10000124997

Entity Name: AMBULATORY SURGERY CENTERS OF FLORIDA LLC

Current Principal Place of Business:

40 SE 5TH STREET
406
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

40 SE 5TH STREET
406
BOCA RATON, FL 33432 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

VIA, CAROLYN
40 SE 5 STREET
406
BOCA RATON, FL 33432 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: VIA, CAROLYN
Address: 40 SE 5TH STREET
City-St-Zip: BOCA RATON, FL 33432 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 Statues.

SIGNATURE: CAROLYN VIA MGRM 04/20/2011

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