

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000128779

FILED
Jul 06, 2011
Secretary of State

Entity Name: AMBULATORY SURGERY CENTER OF BOCA RATON LEGACY, LLC

Current Principal Place of Business:

7284 WEST PALMETTO PARK ROAD, SUITE 205
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7284 WEST PALMETTO PARK ROAD, SUITE 205
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 27-4384013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHRON, BARRY
7284 WEST PALMETTO PARK ROAD, SUITE 205
BOCA RATON, FL 33433 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: AHRON, BARRY
Address: 7284 WEST PALMETTO PARK ROAD, SUITE 205
City-St-Zip: BOCA RATON, FL 33433

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: BARRY AHRON

MGR

07/06/2011

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