

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000083

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** CPS SURGERY CENTER, LLC

**Current Principal Place of Business:**

2325 ULMERTON RD.  
CLEARWATER, FL 33762

**New Principal Place of Business:**

2325 ULMERTON RD.  
STE 27  
CLEARWATER, FL 33762

**Current Mailing Address:**

2325 ULMERTON RD.  
CLEARWATER, FL 33762

**New Mailing Address:**

2325 ULMERTON RD.  
STE 27  
CLEARWATER, FL 33762

**FEI Number:** 27-4425937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NATHAN L TOWNSEND PA  
9385 N 56TH ST.  
STE. 202  
TAMPA, FL 33617 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: RENAISSANCE REAL ESTATE OF ST. PETERSBURG  
Address: 2325 ULMERTON RD.  
City-St-Zip: CLEARWATER, FL 33762

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: NATHAN TOWNSEND

RA

04/04/2011

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