2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# L11000002754

Entity Name: AMBULATORY SURGERY CENTER CONSULTANTS, LLC

Current Principal Place of Business:

5541 SW BELLFLOWER CT.
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

5541 SW BELLFLOWER CT.
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 27-4496664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

IMMORDINO, CHARLES
1918 SE CROWBERRY DRIVE
PORT ST. LUCIE, FL 34983 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: RAINIS, MARK E
Address: 5541 SW BELLFLOWER CT.
City-St-Zip: PALM CITY, FL 34990 US

Title: MGRM
Name: IMMORDINO, CHARLES
Address: 1918 SE CROWBERRY DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983 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: MARK RAINIS MGRM 01/05/2012

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