

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000092429

FILED
Feb 15, 2012
Secretary of State

Entity Name: FLORIDA SURGICAL SPECIALISTS LLC

Current Principal Place of Business:

13020 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

13020 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637 US

New Mailing Address:

FEI Number: 45-2971224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, JOYCE B CEO
13020 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637 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: SANDERS, ROY W MD
Address: 13020 TELECOM PARKWAY NORTH
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: MGRM
Name: BERNASEK, THOMAS L MD
Address: 13020 TELECOM PARKWAY NORTH
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: MGRM
Name: GASSER, SETH I MD
Address: 13020 TELECOM PARKWAY NORTH
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: MGRM
Name: BOLHOFNER, BRETT R MD
Address: 4600 4TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: MGRM
Name: SWIGGETT, ROBERT L JR., MD
Address: 4600 4TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: MGRM
Name: HAYES, VICTOR M MD
Address: 2040 SHORT AVE.
City-St-Zip: ODESSA, FL 33556 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 Statutes.

SIGNATURE: ROY W. SANDERS, M.D.

MGRM

02/15/2012

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