2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

DOCUMENT# L11000141510

Entity Name: SUNSHINE STATE SURGICENTER ASSOCIATES, LLC

Current Principal Place of Business:

1655 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

1655 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972 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:

LANZA, JOHN MD
1655 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972 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: LANZA, JOHN MD
Address: 1655 HIGHWAY 441 NORTH
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: MGR
Name: SLUTSKY, BRADFORD MD
Address: 1655 HIGHWAY 441 NORTH
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: MGR
Name: ESPIRITU, MIGUEL MD
Address: 1655 HIGHWAY 441 NORTH
City-St-Zip: OKEECHOBEE, FL 34972 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: JOHN T LANZA MGR 04/02/2012

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