

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000000609

**FILED  
Mar 15, 2011  
Secretary of State**

**Entity Name:** 2096 EAST OCEAN BOULEVARD, L.C.

**Current Principal Place of Business:**

2096 SOUTHEAST OCEAN BLVD.  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

31 SE HARBOR POINT DR.  
STUART, FL 34996

**New Mailing Address:**

FEI Number: 65-0841296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARATTA, ROBERT O  
31 SE HARBOR POINT DR  
STUART, FL 34996 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: SURGERY CENTER OF STUART, INC.  
Address: 31 SE HARBOR POINT DR.  
City-St-Zip: STUART, FL 34996

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: ROBERT O. BARATTA

MGRM

03/15/2011

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