## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L98000003205

City-St-Zip: GAINESVILLE, FL 32607

Entity Name: ORTHOPAEDIC SURGERY CENTER, L.L.C.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	EWBERRY RO ILLE, FL 3260			
Current Mailing Address:			New Mailing Address:	
	EWBERRY RO ILLE, FL 3260			
FEI Number	: 59-3549374	FEI Number Applied For()	FEI Number Not Applicable (	) Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Addre	ss of New Registered Agent:
1000 RIVE SUITE 115	CHRISTOPHE ERSIDE AVENI 5 IVILLE, FL 32:	JE		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its regis	tered office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Age	ent	Date
MANAGING	MEMBERS/MAN	AGERS:	ADDITIONS/CHANGE	s:
Title: Name: Address: City-St-Zip:	MGRM ( BLAKE, W. PR 4500 W NEWE GAINESVILLE,	ERRY ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM ( ROCCA, ANDR 4500 W NEWE GAINESVILLE,	ERRY ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGRM ( JAFFE, EDWA 4500 W NEWE GAINESVILLE,	ERY ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM ( KENNEDY, KIF 4500 W NEWE GAINESVILLE,	ERRY ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGRM ( LANE, TIMOTH 4500 W NEWE GAINESVILLE,	ERRY ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	MGRM ( PARR, PHILLIF			(X) Change ( ) Addition ERY, JAMES L M.D.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

City-St-Zip: GAINESVILLE, FL 32607

SIGNATURE: MICHAEL A. ANDERSON CFO 04/28/2009

## Attachment to 2009 Limited Liability Company Uniform Business Report (UBR)

Entity Name: Orthopaedic Surgery Center, L.L.C. (Document #: L98000003205)

In addition to the Managing Members / Managers listed in Box 9, listed below are the names of all other

Managing Members and Managers: Title MGRM Name Petty, Mark A. Street Address 4500 Newberry Road City-St-Zip Gainesville, FL 32607 Title MGRM Kabeer, Adil Name Street Address 4500 Newberry Road Gainesville, FL 32607 City-St-Zip Title MGRM Name Sharkey, Arthur M. Street Address 4500 Newberry Road City-St-Zip Gainesville, FL 32607 Title MGRM Name Maxey, Amanda G. Street Address 4500 Newberry Road Gainesville, FL 32607 City-St-Zip Title MGRM Name Powell, Rodger D. Street Address 4500 Newberry Road City-St-Zip Galnesville, FL 32607 Title MGRM Name Stevenson, John C. Street Address 4500 Newberry Road City-St-Zip Galnesville, FL 32607 Title MGRM Waters, J. Stephen Name Street Address 4500 Newberry Road City-St-Zip Gainesville, FL 32607 MGRM Title Name Ellis, Frank D. 4500 Newberry Road Street Address City-St-Zip Gainesville, FL 32607 MGR - CEO Title Title MGRM Name Trimble, Troy D. Street Address 4500 Newberry Road City-St-Zip Gainesville, FL 32607 Title MGR - CEO Title MGRM Name Rosenberg, Jason J. Street Address 4500 Newberry Road Gainesville, FL 32607 City-St-Zip Title MGRM Name Shinn, Jason Street Address 4500 Newberry Road City-St-Zip Gainesville, FL 32607 Title MGR - CEO

Brill, Eric J.

MGR - CFO

4500 Newberry Road

Gainesville, FL 32607

Anderson, Michael A.

4500 Newberry Road

Gainesville, FL 32607

Name

Title

Name

Street Address

Street Address

City-St-Zip

City-St-Zip