

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003205

FILED
Apr 26, 2010
Secretary of State

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

Current Principal Place of Business:

4500 W NEWBERRY ROAD
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4500 W NEWBERRY ROAD
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3549374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
SUITE 115
JACKSONVILLE, FL 32204 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: BLAKE, W. PRESTON
Address: 4500 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM
Name: ROCCA, ANDREW F
Address: 4500 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM
Name: JAFFE, EDWARD M
Address: 4500 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM
Name: PETTY, MARK A
Address: 4500 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM
Name: LANE, TIMOTHY T
Address: 4500 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM
Name: SLATTERY, JAMES L
Address: 4500 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

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: MICHAEL A. ANDERSON

CFO

04/26/2010

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

#L98000003205

Attachment to 2010 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:

AR FILED 4/26/10
KS

Title MGRM
Name Kabeer, Adil
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

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
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Powell, Rodger D.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Stevenson, John C.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Waters, J. Stephen
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Ellis, Frank D.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Trimble, Troy D.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Rosenberg, Jason J.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Shinn, Jason
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGR - CEO
Name Brill, Eric J.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGR - CFO
Name Anderson, Michael A.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607