

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003205

FILED  
Apr 28, 2011  
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

04/28/2011

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

# L98000003205

Attachment to 2011 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** 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