## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L98000003205

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

FILED Apr 24, 2012 Secretary of State

Date

Current Principal Place of Business: New Principal Place of Business:

4500 W NEWBERRY ROAD GAINESVILLE, FL 32607

Current Mailing Address: New Mailing Address:

4500 W NEWBERRY ROAD GAINESVILLE, FL 32607

FEI Number: 59-3549374 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NULAND, CHRISTOPHER L 1000 RIVERSIDE AVENUE SUITE 115 JACKSONVILLE, FL 32204 US

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

#### **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 NEWBERY 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

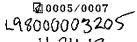
Address: 4500 W NEWBERRY ROA City-St-Zip: GAINESVILLE, FL 32607

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 Statues.

SIGNATURE: MICHAEL A. ANDERSON CFO 04/24/2012



### Attachment to 2012 Limited Liability Company Annual Report

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

## Additional Managing Members and Managers:

Title

MGRM

Name Street Address Kabeer, Adil

City-St-Zip

4500 Newberry Road Gainesville, FL 32607

Title

MGRM

Name Street Address City-St-Zip

Sharkey, Arthur M. 4500 Newberry Road

Title

Gainesville, FL 32607

Name Street Address City-St-Zip

Maxey, Amanda G. 4500 Newberry Road

Gainesville, FL 32607

Title Nama MGRM

MGRM

Street Address City-St-Zip

Powell, Rodger D. 4500 Newberry Road Gainesville, FL 32607

Title

MGRM

Name Street Address City-St-Zip

Stevenson, John C. 4500 Newberry Road Gainesville, FL 32607

Title

MGRM

Name Street Address City-St-Zip

Waters, J. Stephen 4500 Newberry Road Gainesville, FL 32607

Title Name MGRM Ellis, Frank D.

Street Address City-St-Zip

4500 Newberry Road Gainesville, FL 32607

Title

MGRM

Name Street Address City-St-Zip

Trimble, Troy D. 4500 Newberry Road Gainesville, FL 32607

Title

MGRM

Name Street Address City-St-Zip

Rosenberg, Jason J. 4500 Newberry Road Gainesville, FL 32607

Title Name MGRM

Street Address City-St-Zip

Shinn, Jason 4500 Newberry Road Gainesville, FL 32607

Title Name MGR - CEO Brill, Eric J.

Street Address City-St-Zip

4500 Newberry Road Gainesville, FL 32607

Title

MGR - CFO

Name Street Address City-St-Zip

Anderson, Michael A. 4500 Newberry Road Gainesville, FL 32607