## 1

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L99000004325

1. Entity Name

SURGERY CENTER OF WESTON, L.L.C.



Principal Place of Business

Mailing Address

2300 NORTH COMMERCE PARKWAY, SUITE 206 WESTON, FL 33326

2300 NORTH COMMERCE PARKWAY, SUITE 206 WESTON, FL 33326

FILED Jan 31, 2008 08:00 AN Secretary of State



01112008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		Applied For
	65-0933685	 	Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional

6. Name and Address of Current Registered Agent

WALLACE, ARTHUR 2300 N COMMERCE PKWY STE 206 WESTON, FL 33326

## DO NOT WRITE IN THIS SPACE

SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		, , , , , , , , , , , , , , , , , , , ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOSEM, MARC 2300 NORTH COMMERCE PARKWAY SUITE 206 WESTON, FL 33326		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, ARTHUR 2300 NORTH COMMERCE PARKWAY SUITE 206 WESTON, FL 33326		U00000809110 02/08/08-80009-006 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
11. I hereby of indicated limited tra	certify that the information supplied with this filing does not queen this report is true and accurate and that my signature shallify company or the receiver or trustee empowered to exec-	ualify for the exemptions contained in Chapter 1 all have the same legal effect as if made under ute this report as required by Chapter 608. Flori	19, Florida Statutes. I further certify that the information oath; that I am a managing member or manager of the da Statutes.