2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED DOCUMENT # L99000004325 1. Entity Name SURGERY CENTER OF WESTON, L.L.C. 08 JUL 18 PM 3: 29 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2300 NORTH COMMERCE PARKWAY, SUITE 206 2300 NORTH COMMERCE PARKWAY, SUITE 206 WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06242008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable 65-0933685 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALLACE, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 2300 N COMMERCE PKWY STE 206 WESTON, FL 33326 Zip Code City FL 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Make check payable to Amended AR is \$50.00 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. mGRM MGRM Addition Delete Change TITLE TITLE Firman Arthur mo Linage Wadding 2500 N. Connerce Parkway Svite 206 BOSEM, MARC NAME NAME STREET ADDRESS 2300 NORTH COMMERCE PARKWAY SUITE 206 STREET ADDRESS CITY-ST-ZIP **3334**6 CITY-ST-ZIP WESTON, FL 33326 weston. FL **MGRM** ☐ Change ☐ Addition TITLE ☐ Delete TETLE WALLACE, ARTHUR NAME 500133391685 07/24/08--01025--001 **50 STREET ADDRESS 2300 NORTH COMMERCE PARKWAY SUITE 206 STREET ADDRESS **50.00 CITY - ST - ZIP WESTON, FL 33326 CITY - ST - ZIP W.C. BLR Change Addition TITLE ☐ Delete TITLE stelnishi, Eric mp 2300 n. Commerce Parkway, & NAME NAME STREET ADDRESS STREET ADDRESS uaston, FL 33326 CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition TITLE TITLE Delete かほんへ Wiery, Brian 2500 kwoy, Soite 200 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP neteow mban ☐ Change Addition TITL F Delete TITLE Schwartz, Barry M. MO 2000 N. Commerce Parking, Suite 206 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZiP m GRM Brayo, Brian Brayo, Brian Suite 206 Change Addition TITLE ☐ Defete TITLE mGRM STREET ADDRESS ADDRESS CITY-ST-ZIP <u>`33346</u> EC wester. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under only; that I am a managing member or manager of the to execute this report as required by Chapter 608, Florida Statutes

RE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

Daytime Phone #