

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004325

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** SURGERY CENTER OF WESTON, L.L.C.

**Current Principal Place of Business:**

2300 NORTH COMMERCE PARKWAY, SUITE 206  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

2300 NORTH COMMERCE PARKWAY, SUITE 206  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 65-0933685      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

SHAPIRO, KIMBERLY  
303 SE 17TH STREET  
FORT LAUDERDALE, FL 33316 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: KIMBERLY SHAPIRO

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FISHMAN, ARTHUR MD  
Address: 2300 NORTH COMMERCE PARKWAY SUITE 206  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete  
Name: WALLACE, ARTHUR  
Address: 2300 NORTH COMMERCE PARKWAY SUITE 206  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete  
Name: STALNICKI, ERIC MD  
Address: 2300 NORTH COMMERCE PARKWAY SUITE 206  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete  
Name: ULERY, BRIAN  
Address: 2300 NORTH COMMERCE PARKWAY SUITE 206  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete  
Name: SCHWARTZ, BARRY M MD  
Address: 2300 NORTH COMMERCE PARKWAY SUITE 206  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete  
Name: BRAVO, BRIAN M  
Address: 2300 NORTH COMMERCE PARKWAY SUITE 206  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRIAN ULERY

MGRM

05/01/2009

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