2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2011
Secretary of State

DOCUMENT# L99000004325

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 ( )**

Name and Address of Current Registered Agent:

BROWARD HEALTH
303 SE 17TH STREET
FORT LAUDERDALE, FL 33316 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: FISHMAN, ARTHUR MD
Address: 2300 NORTH COMMERCE PARKWAY SUITE 206
City-St-Zip: WESTON, FL 33326

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

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

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

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

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

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: ARTHUR WALLACE MGRM 01/14/2011

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