2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004325

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

FILED Feb 03, 2012 Secretary of State

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

2300 NORTH COMMERCE PARKWAY, SUITE 206 WESTON, FL 33326

Current Mailing Address: New Mailing Address:

US

2300 NORTH COMMERCE PARKWAY, SUITE 206 WESTON, FL 33326

FEI Number: 65-0933685 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:

BROWARD HEALTH 303 SE 17TH STREET FORT LAUDERDALE, FL 33316

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: ROTHFIELD, ROBERT 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: PERLMAN, LORI

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: CHRISTOPHER WING MM 02/03/2012

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