

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005327

FILED
Apr 29, 2011
Secretary of State

Entity Name: ORTHOPAEDIC SURGERY CENTER OF CLEARWATER, L.L.C.

Current Principal Place of Business:

402 JEFFORDS STREET
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

402 JEFFORDS STREET
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3594816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEBB, VENUS D
402 JEFFORDS ST
CLEARWATER, FL 33756 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: PIAZZA, MICHAEL R
Address: 1011 JEFFORDS STREET, BLDG. D
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM
Name: MOSKOVITZ, GARY
Address: 380 PARK PLACE BLVD., SUITE 150
City-St-Zip: CLEARWATER, FL 33759

Title: MGRM
Name: ROTHBERG, MICHAEL L
Address: 430 MORTON PLANT STREET, SUITE 301
City-St-Zip: CLEARWATER, FL 33756

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 Statutes.

SIGNATURE: MICHAEL R. PIAZZA

MGRM

04/29/2011

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