

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006550

FILED
Jan 21, 2008
Secretary of State

Entity Name: FLORIDA ORTHOPAEDIC INSTITUTE SURGERY CENTER, LLC

Current Principal Place of Business:

13060 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637

New Principal Place of Business:

Current Mailing Address:

13020 TELECOM PARKWAY N
TEMPLE TERRACE, FL 33637

New Mailing Address:

FEI Number: 59-3646134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, JOYCE
13020 TELECOM PARKWAY N
TEMPLE TERRACE, FL 33637 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 () Delete
Name: SANDERS, ROY M.D.
Address: 13020 TELECOM PARKWAY N
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: MGRM () Delete
Name: BERNASEK, THOMAS M.D.
Address: 13020 TELECOM PARKWAY N
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: MGRM () Delete
Name: FRANKLE, MARK M.D.
Address: 13020 TELECOM PARKWAY N
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: MGRM () Delete
Name: GASSER, SETH M.D.
Address: 13020 TELECOM PARKWAY N
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: MGRM () Delete
Name: HESS, ALFRED M.D.
Address: 13020 TELECOM PARKWAY N
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: MGRM (X) Delete
Name: SMALL, JOHN M.D.
Address: 13020 TELECOM PARKWAY N
City-St-Zip: TEMPLE TERRACE, FL 336370925

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
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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: ROY SANDERS

DR

01/21/2008

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