2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L99000006550

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:

13060 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637

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	

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:	

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, MD MGRM 01/21/2009

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