

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006550

FILED
Jan 12, 2010
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:

13060 TELECOM PARKWAY NORTH
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:

ANDERSON, JOYCE B
13020 TELECOM PARKWAY N
TEMPLE TERRACE, FL 33637 US

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: JOYCE ANDERSON

01/12/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SANDERS, ROY W M.D.
Address: 13020 TELECOM PARKWAY N
City-St-Zip: TEMPLE TERRACE, FL 336370925

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

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

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

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

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: ROY SANDERS, MD

MGRM

01/12/2010

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