

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006550

FILED  
Feb 15, 2012  
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 B  
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: P  
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: T  
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: S  
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 W. SANDERS, M.D.

P

02/15/2012

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