

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90132 008 \*\*\*\*50.00

20000730



01052007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L99000007876</b> 1. Entity Name <b>TAMARAC SURGERY CENTER, LLC</b>					
Principal Place of Business <b>4485 NORTH STATE ROUTE 7 LAUDERDALE LAKES, FL 33319</b>			Mailing Address <b>4485 NORTH STATE ROUTE 7 LAUDERDALE LAKES, FL 33319</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0963549</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, LUANN 15305 DALLAS PKWY #1600 ADDISON, TX 75001 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Patrick Murphy 15305 DALLAS PKWY #1600 ADDISON, TX 75001 <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM APARICIO, RAUL T M.D. 4485 NO. STATE ROAD 7 LAUDERDALE LAKES, FL 33319 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRAD, CHAYET M.D. 4485 NO. STATE ROAD 7 LAUDERDALE LAKES, FL 33319 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRA, FOX M.D. 4485 NO. STATE ROAD 7 LAUDERDALE LAKES, FL 33319 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORMAN, KAUFMAN M.D. 4485 NO. STATE ROAD 7 LAUDERDALE LAKES, FL 33319 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<b>SIGNATURE:</b> <u>Judith Chase</u> <span style="float: right;">1-5-07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



ATTACHMENT  
20000758  
Division of Corporations

## 2007 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the  
annual report form.

This information cannot be changed on the report.	
Document Number	L99000007876
Business Entity Name	TAMARAC SURGERY CENTER, LLC
Original File Date	11/17/1999

FEI Number 65-0963549

Principal Address 4485 NORTH STATE ROUTE 7  
LAUDERDALE LAKES, FL 33319

Mailing Address 4485 NORTH STATE ROUTE 7  
LAUDERDALE LAKES, FL 33319

Registered Agent C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Managing Member/Manager Name And Address

MGRM  
~~LUANN BROWN~~ *5 PATRICK MURPHY*  
15305 DALLAS PKWY #1600  
ADDISON, TX 75001

MGRM  
M.D. RAUL T APARICIO  
4485 NO. STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

MGRM  
M.D. CHAYET BRAD  
4485 NO. STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

MGRM  
M.D. FOX IRA  
4485 NO. STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

MGRM