2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

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Entity Name: TAMARAC SURGERY CENTER, LLC

Current Principal Place of Business:

4485 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

4485 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 65-0963549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MNGR
Name: JUDITH, CHASE M
Address: 4485 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: MGRM
Name: IRA, FOX M.D.
Address: 4485 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: MGRM
Name: ELIAS, DABUL M.D.
Address: 4485 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: MGRM
Name: NORMAN, KAUFMAN M.D.
Address: 4485 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VP
Name: SAM, GROSSMAN
Address: 1251 UNIVERSITY BLVD, SUITE 100
City-St-Zip: WINTERPARK, FL 32792

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 Statues.

SIGNATURE: JUDITH CHASE MNGR 03/15/2011

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