

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007876

FILED
Jan 05, 2012
Secretary of State

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: ADMN
Name: JUDITH, CHASE M
Address: 4485 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

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

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

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

Title: VP
Name: SAM, ROSSMANN
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 Statutes.

SIGNATURE: JUDITH CHASE, LHRM

ADMN

01/05/2012

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