2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# M01000001726

Entity Name: PHYSICIANS SURGERY CENTER REALTY, LLC

Current Principal Place of Business:

6981 LAKE DEVONWOOD DR.
FT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

6981 LAKE DEVONWOOD DR.
FT MYERS, FL 33908

New Mailing Address:

FEI Number: 65-1126822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAGAN, JOHN C
6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908 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: MGRM
Name: KAGAN, JOHN C
Address: 6981 LAKE DEVONWOOD DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM
Name: ISAACSON, WAYNE
Address: 12898 KEDDLESTON CIRCLE
City-St-Zip: FORT MYERS, FL 33912

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: JOHN C KAGAN MR. 02/22/2011

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