

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000061

FILED
Sep 02, 2009
Secretary of State

Entity Name: AFFILIATED SURGERY CENTER GROUP, LLC

Current Principal Place of Business:

187 ROUTE 36, SUITE 210
WEST LONG BRANCH, NJ 07764

New Principal Place of Business:

Current Mailing Address:

187 ROUTE 36, SUITE 210
WEST LONG BRANCH, NJ 07764

New Mailing Address:

FEI Number: 14-1886423 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BLOOM, HENRY H
450 ALTON ROAD, SUITE 1505
MIAMI, FL 33139 US

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 () Delete
Name: BLOOM, HENRY H
Address: 187 ROUTE 36, SUITE 210
City-St-Zip: WEST LONG BRANCH, NJ 07764

Title: MGR () Delete
Name: HETRICK, EDWARD
Address: 40 RAMLAND ROAD, SUITE 18
City-St-Zip: ORANGEBURG, NY 10962

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: HENRY H. BLOOM

MGRM

09/02/2009

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