

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000000061

**FILED**  
**May 03, 2010**  
**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:**

18201 COLLINS AVENUE  
APT # 1209  
SUNNY ISLES BEACH, FL 33160 US

**Current Mailing Address:**

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

**New Mailing Address:**

18201 COLLINS AVENUE  
APT # 1209  
SUNNY ISLES BEACH, FL 33160 US

**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:**

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

**Name and Address of New Registered Agent:**

BLOOM, HENRY H  
18201 COLLINS AVENUE  
APT # 1209  
SUNNY ISLES BEACH, FL 33160 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: HENRY H. BLOOM

05/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BLOOM, HENRY H  
**Address:** 18201 COLLINS AVENUE APT # 1209  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160 US

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

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: HENRY H. BLOOM

MGRM

05/03/2010

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