

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000061

FILED
Apr 26, 2011
Secretary of State

Entity Name: AFFILIATED SURGERY CENTER GROUP, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 14-1886423 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

04/26/2011

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