

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002243

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** TITUSVILLE CENTER FOR SURGICAL EXCELLENCE, LLC

**Current Principal Place of Business:**

814 SOUTH WASHINGTON STREET  
TITUSVILLE, FL 327802406

**New Principal Place of Business:**

15305 DALLAS PARKWAY  
SUITE 1600  
ADDISON, TX 75001 US

**Current Mailing Address:**

2150 RIVER PLAZA DR STE 185  
SACRAMENTO, CA 95833

**New Mailing Address:**

15305 DALLAS PARKWAY  
SUITE 1600  
ADDISON, TX 75001 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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:** MM  
**Name:** TITAN HEALTH OF TITUSVILLE, INC.  
**Address:** 15305 DALLAS PARKWAY SUITE 1600  
**City-St-Zip:** ADDISON, TX 75001 US

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: TITAN HEALTH OF TITUSVILLE INC                      MM                      02/08/2012

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