

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061128

FILED
Jan 11, 2006
Secretary of State

Entity Name: FERNANDINA BEACH SURGICAL CENTER, LLC

Current Principal Place of Business:

7520 W. 160TH STREET
SUITE 100
SHAWNEE MISSION, KS 66085 US

New Principal Place of Business:

11221 ROE AVE.
SUITE 320
LEAWOOD, KS 66211 US

Current Mailing Address:

7520 W. 160TH STREET
SUITE 100
SHAWNEE MISSION, KS 66085 US

New Mailing Address:

11221 ROE AVE.
SUITE 320
LEAWOOD, KS 66211 US

FEI Number: 20-3037985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LINNIHAN, JOHN J
1200 S. 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: MGR () Delete
Name: NUETERRA HEALTHCARE, MANAGEMENT, LL C
Address: 7520 W. 160TH STREET, SUITE 100
City-St-Zip: SHAWNEE MISSION, KS 66085 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NUETERRA HEALTHCARE, MANAGEMENT, LL C
Address: 11221 ROE AVE., SUITE 320
City-St-Zip: LEAWOOD, KS 66211 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL R. TASSET, MANAGER OF NUETERRA HEAL MGR

01/11/2006

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