

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061128

FILED
Apr 02, 2007
Secretary of State

Entity Name: AMELIA ISLAND SURGERY CENTER, LLC

Current Principal Place of Business:

11221 ROE AVE.
SUITE 320
LEAWOOD, KS 66211 US

New Principal Place of Business:

1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Current Mailing Address:

11221 ROE AVE.
SUITE 320
LEAWOOD, KS 66211 US

New Mailing Address:

1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

FEI Number: 20-3037985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: 11221 ROE AVE., SUITE 320
City-St-Zip: LEAWOOD, KS 66211 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: GREENBLUM, JESSE S
Address: 19 SPARKLEBERRY
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGR () Change (X) Addition
Name: NIELAND, CHESTER
Address: 1340 S. 18TH ST.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGR () Change (X) Addition
Name: TRIMAS, SCOTT
Address: 8313 SEVEN MILE DRIVE
City-St-Zip: PONTE VERDE, FL 32082

Title: MGR () Change (X) Addition
Name: ZAENGLEIN, JAMES M
Address: 8800 MCKENNA DR
City-St-Zip: JACKSONVILLE, FL 32226

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

MGR

04/02/2007

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