

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061128

FILED
Feb 05, 2009
Secretary of State

Entity Name: AMELIA ISLAND SURGERY CENTER, LLC

Current Principal Place of Business:

1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 20-3037985

FEI Number Applied For ()

FEI Number Not Applicable ()

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: MGR () Delete
Name: NUETERRA HOLDINGS LL, C
Address: 11221 ROE AVE., SUITE 320
City-St-Zip: LEAWOOD, KS 66211 US

Title: MGR () Delete
Name: FELIX, NANCY A MD
Address: 2416 LYNNDAL RD
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGR () Delete
Name: GREENBLUM, JESSE MD
Address: 2416 LYNNDAL RD
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGR () Delete
Name: TRIMAS, SCOTT
Address: 2416 LYNNDAL RD
City-St-Zip: FERNANDINA BEACH, FL 32034

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

ADDITIONS/CHANGES:

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

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

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

Title: MGR (X) Change () Addition
Name: BRINK, JEFFREY E
Address: 2416 LYNNDAL RD
City-St-Zip: FERNANDINA BEACH, FL 32034

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

I hereby certify that the information supplied with this filing does not qualify 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 J. SAALE

MGRM

02/05/2009

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