

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061128

**FILED**  
**Feb 17, 2010**  
**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: MGRM  
Name: NUETERRA HOLDINGS LLC  
Address: 11221 ROE AVE., SUITE 320  
City-St-Zip: LEAWOOD, KS 66211 US

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

Title: MGR  
Name: GREENBLUM, JESSE MD  
Address: 2416 LYNNDALE RD  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGR  
Name: BRINK, JEFFREY E  
Address: 2416 LYNNDALE RD  
City-St-Zip: FERNANDINA BEACH, FL 32034

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: DANIEL J. SAALE, SEC-NUETERRA HOLDINGS,LLC MGRM 02/17/2010

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