2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061128

Entity Name: AMELIA ISLAND SURGERY CENTER, LLC

Apr 28, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1200 S. PINE ISLAND ROAD ATTN: GINNY WOODY - 11221 ROE AVENUE PLANTATION, FL 33324

SUITE 320

LEAWOOD, KS 66211 US

Current Mailing Address: New Mailing Address:

ATTN: GINNY WOODY - 11221 ROE AVENUE 1200 S. PINE ISLAND ROAD

SUITE 320 PLANTATION, FL 33324 US

LEAWOOD, KS 66211 US

FEI Number: 20-3037985 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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:

MGRM

NUETERRA HOLDINGS LLC Name: Address: 11221 ROE AVE., SUITE 320 City-St-Zip: LEAWOOD, KS 66211 US

Title: MGR

Name: FELIX, NANCY A MD Address: 96203 MARSH HEN ROAD City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGR

GREENBLUM, JESSE MD Name: Address: 19 SPARKLEBERRY City-St-Zip: AMELIA ISLAND, FL 32034

Title: MGR

BRINK, JEFFREY E Name: Address: PO BOX 3217

City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR

Name: TRIMAS, SCOTT Address:

8313 SEVEN MILE DRIVE PONTE VEDRA BEACH, FL 32082 City-St-Zip:

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 Statues.

SIGNATURE: DANIEL J. SAALE **MGR** 04/28/2011