2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# L07000088906

Entity Name: LAKE CITY SURGERY CENTER, LLC

Current Principal Place of Business:

404 NW HALL OF FAME DRIVE
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

404 NW HALL OF FAME DRIVE
LAKE CITY, FL 32055 US

New Mailing Address:

FEI Number: 26-0811545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THANAWALA, RIZWANA
4367 NW AMERICAN LANE
LAKE CITY, FL 32055 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: AMERE, LLC
Address: 4367 NW AMERICAN LANE
City-St-Zip: LAKE CITY, FL 32055 US

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: RIZWANA THANAWALA RT 04/12/2012

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