

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037725

FILED
Apr 28, 2010
Secretary of State

Entity Name: VENTURE AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

New Principal Place of Business:

Current Mailing Address:

ONE PARK PLAZA-LEGAL DEPT
NASHVILLE, TN 37203

New Mailing Address:

FEI Number: 74-3257508

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: VENTURE MEDICAL MANAGEMENT, LLC
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

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: A. BRUCE MOORE, JR.

MGR

04/28/2010

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