

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000056519

**FILED
Jan 05, 2011
Secretary of State**

Entity Name: PARRISH SURGERY CENTER, LLC

Current Principal Place of Business:

951 N. WASHINGTON AVENUE
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

951 N. WASHINGTON AVENUE
TITUSVILLE, FL 32796 US

New Mailing Address:

FEI Number: 27-0357583 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCALPINE, CHRISTOPHER
951 N. WASHINGTON AVENUE
TITUSVILLE, FL 32796 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: SVP
Name: MCALPINE, CHRISTOPHER
Address: 951 N. WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796 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 Statutes.

SIGNATURE: CHRISTOPHER MCALPINE RA 01/05/2011

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