

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90348 012 \*\*\*\*50.00



**DOCUMENT # M03000003039**

1. Entity Name  
 NSC WEST PALM, LLC

Principal Place of Business  
 401 N. MICHIGAN AVE., STE. 1200  
 CHICAGO, IL 60611

Mailing Address  
 401 N. MICHIGAN AVE., STE. 1200  
 CHICAGO, IL 60611

24036403



2. Principal Place of Business  
 191 N. Wacker Drive  
 Suite, Apt. #, etc.  
 Suite 925

3. Mailing Address  
 191 N. Wacker Drive  
 Suite, Apt. #, etc.  
 Suite 925

03242004 Chg-LLC CR2E083 (10/03)

City & State  
 Chicago IL

City & State  
 Chicago IL

4. FEI Number  
 76-0740666

Applied For  
 Not Applicable

Zip Country  
 60606 USA

Zip Country  
 60606 USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATIONAL SURGICAL CARE, INC. <input type="checkbox"/> Delete 401 N. MICHIGAN AVE., STE. 1200 CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 191 N. Wacker Drive, Suite 925 Chicago IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

312.419.1033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #