


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000003039
 1. Entity Name
 NSC WEST PALM, LLC



Principal Place of Business: 191 N. WACKER DRIVE STE 925 CHICAGO, IL 60606
 Mailing Address: 191 N. WACKER DRIVE STE 925 CHICAGO, IL 60606

DO NOT WRITE IN THIS SPACE



01062006No Chg-LLC CR2E083 (11/05)

4. FEI Number: 76-0740666
 Applied For: Not Applicable:

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

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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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NATIONAL SURGICAL CARE, INC. 191 N. WACKER DRIVE STE 925 CHICAGO, IL 60606
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 02/18/06-80004-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Allyson R. Curd Date: 1/31/06 Daytime Phone #: (312) 419-1033