2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2010
Secretary of State

DOCUMENT# M04000001387

Entity Name: NOVAMED SURGERY CENTER OF ORLANDO, LLC

Current Principal Place of Business:

980 NORTH MICHIGAN AVE.
SUITE 1620
CHICAGO, IL 60611

New Principal Place of Business:

333 W. WACKER DR.
SUITE 1010
CHICAGO, IL 60606

Current Mailing Address:

980 NORTH MICHIGAN AVE.
SUITE 1620
CHICAGO, IL 60611

New Mailing Address:

333 W. WACKER DR.
SUITE 1010
CHICAGO, IL 60606

FEI Number: 52-2441418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR
Name: NOVAMED ACQUSITION COMPANY, INC.
Address: 333 W. WACKER DR., STE 1010
City-St-Zip: CHICAGO, IL 60606

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: JOHN W. LAWRENCE, JR. SVP 04/20/2010

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