

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000005024

**FILED  
Apr 22, 2011  
Secretary of State**

**Entity Name:** TAMPA BAY NSC, LLC

**Current Principal Place of Business:**

191 NORTH WACKER DRIVE, SUITE 925  
CHICAGO, IL 60606

**New Principal Place of Business:**

**Current Mailing Address:**

191 NORTH WACKER DRIVE, SUITE 925  
CHICAGO, IL 60606

**New Mailing Address:**

**FEI Number:** 20-3447384

**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:** NATIONAL SURGICAL CARE, INC.  
**Address:** 191 NORTH WACKER DRIVE, SUITE 925  
**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 Statutes.

SIGNATURE: LETITIA BONTHRON

ASTR

04/22/2011

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