

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 22, 2009  
Secretary of State**

DOCUMENT# M06000005492

**Entity Name:** LASER AND OUTPATIENT SURGERY CENTER, LLC

**Current Principal Place of Business:**

7171 N.W. 11TH PLACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

7171 N.W. 11TH PLACE  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 20-1098451      **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 ( ) Delete  
Name: NOVAMED ACQUISITION COMPANY, INC.  
Address: 980 NORTH MICHIGAN AVENUE, SUITE 1620  
City-St-Zip: CHICAGO, IL 60601

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN W. LAWRENCE, JR.

SVP

04/22/2009

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