

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090085

Entity Name: CAPE CORAL AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

2721 DEL PRADO BLVD.
CAPE CORAL, FL 33904

Current Mailing Address:

40 BURTON HILLS BLVD
SUITE 500
NASHVILLE, TN 33908

FEI Number: 20-2001489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title MGRM
Name SMBIMS FLORIDA I, LLC
Address 40 BURTON HILLS BLVD
City-State-Zip: NASHVILLE TN 37215

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TERESA SPARKS

VP

04/22/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date