

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061128

Entity Name: AMELIA ISLAND SURGERY CENTER, LLC

Current Principal Place of Business:

C/O NUETERRA HEALTHCARE MANAGEMENT
ATTN: G. WOODY 11221 ROE AVENUE, SUITE 320
LEAWOOD, KS 66211

Current Mailing Address:

C/O NUETERRA HEALTHCARE
ATTN: G. WOODY 11221 ROE AVENUESUITE 320
LEAWOOD, KS 66211 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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 NUETERRA HOLDINGS LLC
Address 11221 ROE AVE., SUITE 320
City-State-Zip: LEAWOOD KS 66211

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL J. SAALE

**SEC. OF NUETERRA
HOLDINGS, LLC**

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date