

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000061128

**Entity Name:** AMELIA ISLAND SURGERY CENTER, LLC

**Current Principal Place of Business:**

ATTN: GINNY WOODY - 11221 ROE AVENUE  
SUITE 320  
LEAWOOD, KS 66211

**Current Mailing Address:**

ATTN: GINNY WOODY - 11221 ROE AVENUE  
SUITE 320  
LEAWOOD, KS 66211 US

**FEI Number:** 20-3037985

**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:** DANIAL J. SAALE

MGR

04/25/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date