

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000037796

Entity Name: DESTIN SURGERY CENTER, LLC

Current Principal Place of Business:

4485 FURLING LANE
DESTIN, FL 32541

Current Mailing Address:

15305 DALLAS PARKWAY
SUITE 1600
ADDISON, TX 75001

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	MANAGING MEMBER	Title	ASST SECRETARY
Name	USP DESTIN, INC.	Name	MORAN, JEN
Address	15305 DALLAS PARKWAY SUITE 1600	Address	15305 DALLAS PARKWAY SUITE 1600
City-State-Zip:	ADDISON TX 75001	City-State-Zip:	ADDISON TX 75001

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: JEN MORAN

ASST SECRETARY

04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date