

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001387

Entity Name: NOVAMED SURGERY CENTER OF ORLANDO, LLC

Current Principal Place of Business:

801 N. ORANGE AVE.
ORLANDO, FL 32801

Current Mailing Address:

333 W. WACKER DR.
SUITE 1010
CHICAGO, IL 60606

FEI Number: 52-2441418

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MGR
Name NOVAMED ACQUISITION COMPANY,
INC.
Address 333 W. WACKER DR., STE 1010
City-State-Zip: CHICAGO IL 60606

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: JOHN W. LAWRENCE, JR.

SVP OF MANAGER

04/17/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date