2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2014
Secretary of State
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Entity Name: NORTH TAMPA OUTPATIENT SURGICAL FACILITY, LLC

Current Principal Place of Business:

5329 PRIMROSE LAKE CIRCLE
TAMPA, FL 33647

Current Mailing Address:

5329 PRIMROSE LAKE CIRCLE
TAMPA, FL 33647

FEI Number: 20-4997768

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANGAR, DEVANAND
1 TAMPA GENERAL CIRCLE
SUITE A327
TAMPA, FL 33606 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	NAKANACHI III, LLC
Address	1 TAMPA GENERAL CIRCLE, SUITE A327
City-State-Zip:	TAMPA FL 33606

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: DEVANAND MANGAR MANAGER 01/30/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date