2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2014
Secretary of State
CC5922910435

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Entity Name: LASER AND OUTPATIENT SURGERY CENTER, LLC

Current Principal Place of Business:

6925 N.W. 11TH PLACE
GAINESVILLE, FL 32605

Current Mailing Address:

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

FEI Number: 20-1098451

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

SIGNATURE: JOHN W. LAWRENCE, JR. SVP 04/22/2014

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