

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004368

**Entity Name:** WESTON NSC, LLC

**Current Principal Place of Business:**

20 BURTON HILLS BLVD, 5TH FLOOR  
NASHVILLE, TN 37215

**Current Mailing Address:**

20 BURTON HILLS BLVD, 5TH FLOOR  
NASHVILLE, TN 37215

**FEI Number:** 26-3435641

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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 NATIONAL SURGICAL CARE, INC.  
Address 20 BURTON HILLS BLVD, 5TH FLOOR  
City-State-Zip: NASHVILLE TN 37215

*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:** CLAIRE M. GULMI

SEC/TREAS

04/17/2013

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

\_\_\_\_\_ Date