

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021087

FILED
Mar 21, 2008
Secretary of State

Entity Name: NORTH PINELLAS SURGERY CENTER, L.L.C.

Current Principal Place of Business:

2323 CURLEW ROAD, BLDG. 5
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

2323 CURLEW ROAD, BLDG. 5
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-3759228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIGLE, DEBORAH A
2323 CURLEW ROAD
BLDG 5
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AHN, JOHN DO
Address: 2323 CURLEW ROAD, BLDG. 5
City-St-Zip: DUNEDIN, FL 34698

Title: DR () Delete
Name: GOYAL, ANOOP MD
Address: 2323 CURLEW ROAD, BLDG 5
City-St-Zip: DUNEDIN, FL 34698

Title: DR () Delete
Name: ZEITLIN, LAURENCE MD
Address: 2323 CURLEW ROAD, BLDG 5
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JOHN AHN

DR

03/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date