FILED May 29, 2008 8:00 am Secretary of State

05-29-2008 90015 025 ***138.75

ANNUAL REPORT	
DOCUMENT # L02000008069	(S)
1. Entity Name PANAMA CITY SURGERY CENTER LLC	

Principal Place of Business Mailing Address 1800 JENKS AVE 1800 JENKS AVE PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1200 South Pine Island 1200 South Pine Island Suite, Apt. #, etc. Suite, Apt. #, etc. Road Road 04282008 CR2E083 (12/06) Cha-LLC Applied For City & State City & State 4. FEI Number Plantation FL Plantation FL 48-1255983 Not Applicable Country Country \$5.00 Additional Zip 33324 USA 33324 USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE MGRM Cory Gaiser DO MGRM Change ☐ Addition TITLE ☐ Delete 1800 Jenks Ave GAISER, CORY DO NAME NAME STREET ADDRESS 23511 FOXWORTH DR STREET ADDRESS Panama City FL 32405 CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP Warren Hiat MD TITLE MGRM MGRM ☐ Change ■ Delete Addition TITLE NAME ZWINGELBERG, KEITH NAME, 1800 Jenks Ave STREET ADDRESS STREET ADDRESS 229 S COVE TERRACE DR Panama City FL 32405 CITY-ST-ZIP PANAMA CITY, FL 32401 CITY-ST-7IP TITLE MGRM Rodney Morris, MD ☐ Change TITLE ☐ Delete Addition NAME NUETERRA HOLDINGS, LLC NAME 1800 Jenks Ave STREET ADDRESS STREET ADDRESS 11221 ROE AVENUE SUITE 320 Panama City FL 32405 LEAWOOD, KS 66211 CITY - ST - ZIP CITY-ST-ZIP Roger Spencer, MD TITLE MGRM ☐ Delete ☐ Change ▼ Addition TITLE MGRM JENSEN, SHAYNE DPM NAME 1800 Jenks Ave NAME 2515 HIGH AVENUE STREET ADDRESS STREET ADDRESS Panama City FL 32405 CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP Rafael Williams, MD TITLE MRGM Delete
 De ☐ Change Addition TITLE MGRM RAMOS, CARLOS NAME NAME 1800 Jenks Ave 4032 MARY LOUIS DR STREET ADDRESS STREET ADDRESS Panama City FL 32405 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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.

NAME

STREET ADDRESS

CITY-ST-71P

☐ Delete

SIGNATURE: R PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

PANAMA CITY, FL 32405

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-712

TITLE NAME

John Schario, President-Nueterra

Healthcare Management, LLC

ITLE MGRM Ron Gully

913-387-0504

☐ Change

Addition

Daytime Phone #

11221 Roe Ave, Suite 320

Leawood KS 66211