

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008069

FILED
Apr 15, 2009
Secretary of State

Entity Name: PANAMA CITY SURGERY CENTER, LLC

Current Principal Place of Business:

1200 SOUTH PINE ISLAND
PLANTATION, FL 33324

New Principal Place of Business:

1800 JENKS AVENUE
PANAMA CITY, FL 32405

Current Mailing Address:

1200 SOUTH PINE ISLAND
PLANTATION, FL 33324

New Mailing Address:

1800 JENKS AVENUE
PANAMA CITY, FL 32405

FEI Number: 48-1255983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

MADEWELL, MICHAEL
1800 JENKS AVENUE
PANAMA CITY, FL 32405 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: MICHAEL MADEWELL

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAISER, CORY DO
Address: 23511 FOXWORTH DR
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM () Delete
Name: HITT, WARREN
Address: 1800 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM () Delete
Name: NUETERRA HOLDINGS, LLC
Address: 11221 ROE AVENUE SUITE 320
City-St-Zip: LEAWOOD, KS 66211

Title: MGRM () Delete
Name: JENSEN, SHAYNE DPM
Address: 2515 HIGH AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM () Delete
Name: MORRIS, RODNEY MD
Address: 1800 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM () Delete
Name: SPENCER, ROGER MD
Address: 1800 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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: MICHAEL MADEWELL

MGMR

04/15/2009

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