2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

DOCUMENT# L02000008069

Entity Name: PANAMA CITY SURGERY CENTER, LLC

Current Principal Place of Business:

1800 JENKS AVENUE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

1800 JENKS AVENUE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 48-1255983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADEWELL, MICHAEL
1800 JENKS AVENUE
PANAMA CITY, FL 32405 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: MGRM
Name: GAISER, CORY DO
Address: 23511 FOXWORTH DR
City-St-Zip: PANAMA CITY, FL 32405

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

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

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

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

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

I hereby 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 Statues.

SIGNATURE: CORY GAISER MGRM 01/05/2010

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