

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008076

FILED
Mar 09, 2007
Secretary of State

Entity Name: PANAMA CITY SURGICAL PROPERTIES, LLC

Current Principal Place of Business:

1800 JENKS AVE.
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

1800 JENKS AVE.
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 03-0434665

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:

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

Title: MGRM () Delete
Name: ZWINGELBERG, KEITH M
Address: 229 S COVE TERRACE DR.
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete
Name: EVAN, EUGENE MD
Address: 1830 LIENBY AVE., STE. D
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM () Delete
Name: MORROW, GREGORY K MD
Address: 600 ML KING JR BLVD.
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete
Name: WILLIAMS, RAFAEL MD
Address: 228 S COVE TERRACE DR.
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPENCER, ROGER MD
Address: 206 BUNKERS COVE ROAD
City-St-Zip: PANAMA CITY, FL 32401

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

Title: MGRM (X) Change () Addition
Name: SHORES, AARON MD
Address: 2250 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32405

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 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: KEITH ZWINGELBERG, MD

MGRM

03/09/2007

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