# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 07, 2007 8:00 am**
**Secretary of State**
04-16-2007 90344 039 ****55.00

DOCUMENT # L03000003025

1. Entity Name
THE SURGERY CENTER AT SACRED HEART MEDICAL PARK - DESTIN, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 36500 EMERALD COAST PKWY<br>DESTIN, FL 32541 | 36500 EMERALD COAST PKWY<br>DESTIN, FL 32541 |

01242007 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 56-2315052 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HECKATHORN, PETER<br>5151 NORTH NINTH AVE.<br>PENSACOLA, FL 32504 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2007**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>MCLAUGHLIN, BILL<br>5151 NORTH NINTH AVE<br>PENSACOLA, FL 32503 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Popell, Samuel<br>36500 Emerald Coast Parkway<br>Destin, FL 32541 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HECKATHORN, PETER<br>5151 NORTH NINTH AVE<br>PENSACOLA, FL 32503 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>Heckathorn, Peter<br>5151 N. Ninth Ave.<br>Pensacola, FL 32504 XX Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PST<br>SADRO, CHERYL<br>5151 NORTH NINTH AVE<br>PENSACOLA, FL 32504 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>Elmore, Buddy<br>5151 N. Ninth Ave.<br>Pensacola, FL 32504 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Timmins, Rubin<br>36500 Emerald Coast Parkway<br>Destin, FL 32541 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Marshall, William R.<br>36500 Emerald Coast Parkway<br>Destin, FL 32541 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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.

SIGNATURE: Buddy Elmore 5/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #