

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003025

FILED
Apr 29, 2008
Secretary of State

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

Current Principal Place of Business:

36500 EMERALD COAST PKWY
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

36500 EMERALD COAST PKWY
DESTIN, FL 32541

New Mailing Address:

FEI Number: 56-2315052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HECKATHORN, PETER
5151 NORTH NINTH AVE.
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

MARSHALL, WILLIAM R
36500 EMERALD COAST PARKWAY
DESTIN, FL 32541 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: WILLIAM R. MARSHALL

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAPELL, SAMUEL
Address: 36500 EMERALD COAST PKWY
City-St-Zip: DESTIN, FL 32541

Title: MGR () Delete
Name: HECKATHORN, PETER
Address: 5151 N NINTH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGR () Delete
Name: ELMORE, BUDDY
Address: 5151 N NINTH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: TIMMINS, RUBIN
Address: 36550 EMERALD COAST PKWY
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: MARSHALL, WILLIAM R
Address: 36500 EMERALD COAST PKWY
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POPPELL, SAMUEL
Address: 36500 EMERALD COAST PKWY
City-St-Zip: DESTIN, FL 32541

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

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

Title: MGRM (X) Change () Addition
Name: TIMMONS, RUBIN
Address: 36550 EMERALD COAST PKWY
City-St-Zip: DESTIN, FL 32541

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: WILLIAM R. MARSHALL

MGRM

04/29/2008

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