

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003025

FILED
Mar 19, 2009
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 (X)

Name and Address of Current Registered Agent:

MARSHALL, WILLIAM R
36500 EMERALD COAST PARKWAY
DESTIN, FL 32541 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: POPPELL, 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: TIMMONS, 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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 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: PETER HECKATHORN

MGR

03/19/2009

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