

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011872

FILED  
Mar 26, 2012  
Secretary of State

**Entity Name:** ST. JOHN'S SURGERY CENTER, LLC

**Current Principal Place of Business:**

8901 CONFERENCE DRIVE  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

8901 CONFERENCE DRIVE  
FT. MYERS, FL 33919

**New Mailing Address:**

FEI Number: 65-0502027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NORMAN, CHRISTOPHER H  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 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: MGR  
Name: QUIGLEY, THOMAS A III  
Address: 6091 S. POINTE BLVD.  
City-St-Zip: FT. MYERS, FL 33919

Title: MGR  
Name: ZOLLA, RONALD W  
Address: 1 MICHAEL SUCCI DRIVE  
City-St-Zip: PORTSMOUTH, NH 03801

Title: MGR  
Name: HIRSCH, JOHN A  
Address: 12548 LAKE DENISE BLVD.  
City-St-Zip: CLERMONT, FL 34712 09

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 Statutes.

SIGNATURE: THOMAS A. QUIGLEY III

MGR

03/26/2012

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