

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032706

FILED
Jul 11, 2005
Secretary of State

Entity Name: NATURE COAST REGIONAL SURGERY CENTER, L.L.C.

Current Principal Place of Business:

1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 69
PERRY, FL 32348

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GASSMANH, ALAN S ESQ
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: ALAN GASSMAN

07/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MM () Change (X) Addition
Name: SHUGAR, JOEL K
Address: PO BOX 69
City-St-Zip: PERRY, FL 32348 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOEL K SHUGAR

MM

07/11/2005

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