

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000032706

**FILED**  
**Apr 29, 2008**  
**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 ( )**

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

GASSMAN, ALAN S ESQ  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 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: MM ( ) Delete  
Name: SHUGAR, JOEL K  
Address: PO BOX 69  
City-St-Zip: PERRY, FL 32348 US

**ADDITIONS/CHANGES:**

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: JOEL K SHUGAR

MM

04/29/2008

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