

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032706

FILED
Feb 26, 2009
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:

1414 COUNTY HIGHWAY 283 SOUTH
SUITE B
SANTA ROSA BEACH, FL 32459

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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:

SHIPMAN, GARY A ESQ
1414 COUNTY HIGHWAY 283 SOUTH
SUITE B
SANTA ROSA BEACH, FL 32459 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: GARY A. SHIPMAN

02/26/2009

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHUGAR, DANIEL
Address: 150 TEHAMA COURT
City-St-Zip: SAN BRUNO, CA 94066 US

Title: MGR () Change (X) Addition
Name: SHIPMAN, GARY A
Address: 1414 COUNTY HIGHWAY 283 SOUTH, SUITE B
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: GARY A. SHIPMAN

MGR

02/26/2009

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