

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000032706

FILED
Oct 14, 2010
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:

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

New Mailing Address:

FEI Number: 59-3456480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGR
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 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

10/14/2010

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