

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054971

FILED
Jan 28, 2008
Secretary of State

Entity Name: CAPITAL CITY SURGICAL CENTER LLC

Current Principal Place of Business:

4913 HIGHGROVE ROAD
TALLAHASSEE, FL 323092957

New Principal Place of Business:

2807-2 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

Current Mailing Address:

4913 HIGHGROVE ROAD
TALLAHASSEE, FL 323092957

New Mailing Address:

7054 HEARTLAND CIRCLE
TALLAHASSEE, FL 32312

FEI Number: 20-1727078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEADBEATER, JOHN T
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011805 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: MGRM () Delete
Name: LEICHUS, LEONARD S
Address: 4913 HIGHGROVE ROAD
City-St-Zip: TALLAHASSEE, FL 323092957

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEICHUS, LEONARD S
Address: 7054 HEARTLAND CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

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: LEONARD S LEICHUS

MGRM

01/28/2008

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