2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

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Entity Name: CAPITAL CITY SURGICAL CENTER LLC

Current Principal Place of Business:

2807-2 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

New Principal Place of Business:

2807-2 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308 US

Current Mailing Address:

7054 HEARTLAND CIRCLE
TALLAHASSEE, FL 323127559

New Mailing Address:

7054 HEARTLAND CIRCLE
TALLAHASSEE, FL 323127559 US

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
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011517 US

Name and Address of New Registered Agent:

PIERCE, ROBERT A
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011517 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: ROBERT A PIERCE 01/07/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LEICHUS, LEONARD S
Address: 7054 HEARTLAND CIRCLE
City-St-Zip: TALLAHASSEE, FL 323127559 US

Title: MGR
Name: LEICHUS, BETTY N
Address: 7054 HEARTLAND CIRCLE
City-St-Zip: TALLAHASSEE, FL 323127559 US

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 Statues.

SIGNATURE: LEONARD S LEICHUS MGRM 01/07/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date