2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# L04000064641

Entity Name: SOUTHPOINT SURGERY CENTER, L.L.C.

Current Principal Place of Business:

7051 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216

New Principal Place of Business:

7051 SOUTHPOINT PARKWAY
1ST FLOOR
JACKSONVILLE, FL 32216

Current Mailing Address:

7051 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216

New Mailing Address:

7051 SOUTHPOINT PARKWAY
1ST FLOOR
JACKSONVILLE, FL 32216

FEI Number: 20-3579196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NICOLITZ, ERNST
7051 SOUTHPOINT PARKWAY 3RD FL
JACKSONVILLE, FL 32216 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: NICOLITZ, ERNST M.D.
Address: 7051 SOUTHPOINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

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: LOUISE CHIRICO, ADMINISTRATOR ADMI 02/13/2009

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