

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064641

FILED
Feb 16, 2011
Secretary of State

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

Current Principal Place of Business:

7051 SOUTHPOINT PARKWAY
1ST FLOOR
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

7051 SOUTHPOINT PARKWAY
1ST FLOOR
JACKSONVILLE, FL 32216

New Mailing Address:

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

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: ERNST NICOLITZ

DR

02/16/2011

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