

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064641

FILED
Apr 19, 2012
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:

7051 SOUTHPOINT PARKWAY S.
1ST FLOOR
JACKSONVILLE, FL 32216

Current Mailing Address:

7051 SOUTHPOINT PARKWAY
1ST FLOOR
JACKSONVILLE, FL 32216

New Mailing Address:

7051 SOUTHPOINT PARKWAY S.
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:

NICOLITZ, ERNST
7051 SOUTHPOINT PARKWAY S.
3RD FLOOR
JACKSONVILLE, FL 32216 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:

04/19/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: NICOLITZ, ERNST M.D.
Address: 7051 SOUTHPOINT PARKWAY S.
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.

04/19/2012

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