2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# L04000077462

Entity Name: COASTAL SURGERY CENTER, LLC

Current Principal Place of Business:

4147 SOUTHPOINT DR E
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4147 SOUTHPOINT DR E
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-2667835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEE, FRANK H ESQ.
401 SOUTH INDIAN RIVER DRIVE
FT. PIERCE, FL 34950 US

Name and Address of New Registered Agent:

FEE, TIMOTHY E M.D.
4147 SOUTHPOINT DRIVE EAST
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: TIMOTHY E. FEE M.D. 03/27/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FEE, TIMOTHY E MD
Address: 4147 SOUTHPOINT DR E
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR ( ) Delete
Name: SPILLERT, LEONARD J MD
Address: 4147 SOUTHPOINT DR E
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TIMOTHY E. FEE M.D. MGR 03/27/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date