

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077462

FILED
Mar 23, 2009
Secretary of State

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, TIMOTHY E M.D.
4147 SOUTHPOINT DRIVE EAST
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: 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

PRES

03/23/2009

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