

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000090085

**FILED**  
**Jun 22, 2009**  
**Secretary of State**

**Entity Name:** CAPE CORAL AMBULATORY SURGERY CENTER, LLC

**Current Principal Place of Business:**

6981 LAKE DEVONWOOD DRIVE  
FT. MYERS, FL 33908

**New Principal Place of Business:**

2721 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

**Current Mailing Address:**

6981 LAKE DEVONWOOD DRIVE  
FT. MYERS, FL 33908

**New Mailing Address:**

40 BURTON HILLS BLVD  
SUITE 500  
NASHVILLE, TN 33908

FEI Number: 20-2001489      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GREEN, BRUCE D  
1520 ROYAL PALM SQUARE BLVD., STE. 320  
FORT MYERS, FL 33919      US

**Name and Address of New Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324      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: JENNIFER AULTMAN

06/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: KAGAN, ELIZABETH P  
Address: 6981 LAKE DEVONWOOD DR  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: SMBIMS ORANGE CITY, LLC  
Address: 40 BURTON HILLS BLVD  
City-St-Zip: NASHVILLE, TN 37215

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: TERESA SPARKS

VP

06/22/2009

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