

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044741

FILED
Mar 20, 2009
Secretary of State

Entity Name: FLEMING ISLAND SURGERY CENTER, LLC

Current Principal Place of Business:

1670-B EAGLE HARBOR PARKWAY
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

1670-B EAGLE HARBOR PARKWAY
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 20-2874196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, ROBERT R JR
1670-B EAGLE HARBOR PARKWAY
ORANGE PARK, FL 32003 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: PMGR () Delete
Name: POWERS, ROBERT R JR
Address: 1670-B EAGLE HARBOR PARKWAY
City-St-Zip: ORANGE PARK, FL 32003

Title: MGVP () Delete
Name: STANKARD, CHARLES E MD
Address: 1670-B EAGLE HARBOR PARKWAY
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM () Delete
Name: GILLIGAN, MICHAEL S
Address: 1670-B EAGLE HARBOR PARKWAY
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM () Delete
Name: GROOVER, JACK
Address: 1670-B EAGLE HARBOR PARKWAY
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM () Delete
Name: SHAH, ARJAV
Address: 1670-B EAGLE HARBOR PARKWAY
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES:

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

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

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

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: ROBERT R. POWERS

PMGR

03/20/2009

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