

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044741

FILED
Jan 12, 2012
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
Name: POWERS, ROBERT R JR
Address: 1670-B EAGLE HARBOR PARKWAY
City-St-Zip: ORANGE PARK, FL 32003

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

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

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

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

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: LYNN BRYANT

BOM

01/12/2012

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