

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050662

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: PALM COAST SURGERY CENTER, LLC

## Current Principal Place of Business:

28 OLD KINGS ROAD  
PALM COAST, FL 32137

## New Principal Place of Business:

21 HOSPITAL DRIVE  
SUITE 220  
PALM COAST, FL 32164

## Current Mailing Address:

28 OLD KINGS ROAD  
PALM COAST, FL 32137

## New Mailing Address:

21 HOSPITAL DRIVE  
SUITE 220  
PALM COAST, FL 32164

FEI Number: 20-2890102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANG, THOMAS K  
1836 EAGLE TRACE BLVD.  
PALM HARBOR, FL 34685 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: ALSON, ALFRED L  
Address: 28 OLD KINGS ROAD  
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition  
Name: ALTER, DENNIS T  
Address: 21 HOSPITAL DRIVE, SUITE 110  
City-St-Zip: PALM COAST, FL 32164

Title: MGR ( ) Change (X) Addition  
Name: BROWN, STEVEN J  
Address: 21 HOSPITAL DRIVE, SUITE 270  
City-St-Zip: PALM COAST, FL 32164

Title: MGR ( ) Change (X) Addition  
Name: RUSSELL, JOHN M  
Address: 315 PALM COAST PKY., SUITE 3  
City-St-Zip: PALM COAST, FL 32137

Title: MGR ( ) Change (X) Addition  
Name: REGAN, TERRENCE C  
Address: 545 HEALTH BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114

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: JOHN M. RUSSELL

PRES

04/25/2008

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