

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050662

FILED
Apr 24, 2009
Secretary of State

Entity Name: PALM COAST SURGERY CENTER, LLC

Current Principal Place of Business:

21 HOSPITAL DRIVE
SUITE 220
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

21 HOSPITAL DRIVE
SUITE 220
PALM COAST, FL 32164

New Mailing Address:

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

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

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

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

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: MGR (X) Change () Addition
Name: REGAN, TERRENCE C
Address: 21 HOSPITAL DRIVE, SUITE 140
City-St-Zip: PALM COAST, FL 32164

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

MGR

04/24/2009

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