

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050662

FILED
Jun 18, 2010
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:

21 HOSPITAL DRIVE
SUITE 110
PALM COAST, FL 32164

Current Mailing Address:

21 HOSPITAL DRIVE
SUITE 220
PALM COAST, FL 32164

New Mailing Address:

21 HOSPITAL DRIVE
SUITE 110
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:

ALTER, DENNIS T M.D.
21 HOSPITAL DRIVE
SUITE 110
PALM COAST, FL 32164 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: DENNIS T. ALTER, M.D.

06/18/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ALTER, DENNIS T M.D.
Address: 21 HOSPITAL DRIVE, SUITE 110
City-St-Zip: PALM COAST, FL 32164

Title: MGR
Name: BROWN, STEVEN J M.D.
Address: 21 HOSPITAL DRIVE, SUITE 270
City-St-Zip: PALM COAST,, FL 32164

Title: MGR
Name: REGAN, TERRENCE R M.D.
Address: 21 HOSPITAL DRIVE, SUITE 140
City-St-Zip: PALM COST, FL 32164

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: DENNIS T. ALTER, M.D.

MGR

06/18/2010

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