

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050662

FILED
Feb 24, 2011
Secretary of State

Entity Name: PALM COAST SURGERY CENTER, LLC

Current Principal Place of Business:

21 HOSPITAL DRIVE
SUITE 110
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

21 HOSPITAL DRIVE
SUITE 110
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:

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

02/24/2011

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