2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# L05000066644

Entity Name: SEVEN HILLS SURGERY CENTER LLC

Current Principal Place of Business:

2010 FLEISCHMANN ROAD
TALLAHASSEE, FL 323084599

New Principal Place of Business:

Current Mailing Address:

2010 FLEISCHMANN ROAD
TALLAHASSEE, FL 323084599

New Mailing Address:

FEI Number: 20-3044042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011805 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: MGRM ( ) Delete
Name: WEAVER, TONY A
Address: 6337 HEARTLAND CIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete
Name: KATO, KENNETH P
Address: 1264 PENNY LN
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete
Name: FORD, JERRY G
Address: 1743 ARMISTEAD PLACE
City-St-Zip: TALLAHASSEE, FL 323080953

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:

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: TONY A WEAVER MGMR 01/28/2009

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