

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000066644

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**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  
123 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323011517 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  
**Name:** WEAVER, TONY A  
**Address:** 6337 HEARTLAND CIR  
**City-St-Zip:** TALLAHASSEE, FL 32312

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

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

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:** JERRY G. FORD

MGMR

01/27/2011

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