

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097238

FILED
Feb 18, 2010
Secretary of State

Entity Name: PACE AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

3754 HWY 90.
SUITE 120
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

3754 HWY 90
SUITE #120
PACE, FL 32571

New Mailing Address:

FEI Number: 20-3743461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EMMANUEL, KAREN O
5151 NORTH NINTH AVE.
PENSACOLA, FL 32504 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: HECKATHORN, PETER
Address: 5151 NORTH NINTH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM
Name: ELMORE, BUDDY
Address: 5151 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM
Name: CARTIA, CRAIG MD
Address: 510 CORDAY ST
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM
Name: KAFIE, FERNANDO MD
Address: 5147 NORTH NINTH AVE SUITE 601
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM
Name: RINALDI, MICHAEL MD
Address: 6044 DOCTORS PARK RD.
City-St-Zip: MILTON, FL 32570

Title: MGRM
Name: DENNIE, JOSPEH T MD
Address: 2441 NORTH NINTH AVE SUITE B
City-St-Zip: PENSACOLA, FL 32503

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: BUDDY ELMORE

MGR

02/18/2010

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