

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104009

FILED
Jun 22, 2009
Secretary of State

Entity Name: CAPE CORAL ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908

New Principal Place of Business:

2721 DEL PRADO BLVD
CAPE CORAL, FL 33904

Current Mailing Address:

6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908

New Mailing Address:

40 BURTON HILLS BLVD
SUITE 500
NASHVILLE, TN 37215

FEI Number: 20-3711421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GREEN, BRUCE D
1520 ROYAL PALM SQUARE BOULEVARD STE 320
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: JENNIFER AULTMAN

06/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KAGAN, ELIZABETH P ESQ
Address: 6981 LAKE DEVONWOOD DRIVE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAPE CORAL AMBULATORY SURGERY CENTER, LLC
Address: 40 BURTON HILLS BLVD, STE. 500
City-St-Zip: NASHVILLE, TN 37215

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: TERESA SPARKS

VP

06/22/2009

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