

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104009

FILED
Apr 21, 2010
Secretary of State

Entity Name: CAPE CORAL ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

2721 DEL PRADO BLVD
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

40 BURTON HILLS BLVD
SUITE 500
NASHVILLE, TN 37215

New Mailing Address:

FEI Number: 20-3711421 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

04/21/2010

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