

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010849

FILED
Mar 20, 2008
Secretary of State

Entity Name: ST. ANTHONY'S PHYSICIANS SURGERY CENTER, LLC

Current Principal Place of Business:

C/O ST. ANTHONY'S HOSPITAL, ATTN: ADMINIST
1200 SEVENTH AVENUE NORTH
ST. PETERSBURG, FL 33705

New Principal Place of Business:

705 16TH ST., N
ST. PETERSBURG, FL 33705 US

Current Mailing Address:

C/O ST. ANTHONY'S HOSPITAL, ATTN: ADMINIST
1200 SEVENTH AVENUE NORTH
ST. PETERSBURG, FL 33705

New Mailing Address:

C/O DONNA ST LOUIS
8452 118TH AVE., N
LARGO, FL 33773 US

FEI Number: 01-0861245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY, JAMES J III ESQ
BUCHANAN INGERSOLL PC
401 EAST JACKSON STREET, SUITE 2500
TAMPA, FL 33602 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: MR. () Delete
Name: TREMONTI, CARL A CFO
Address: 1200 SEVENTH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TREMONTI, CARL A CFO
Address: 1200 SEVENTH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: MGR () Change (X) Addition
Name: CROCKETT, DENTON SR VP
Address: 8452 118TH AVE., N
City-St-Zip: LARGO, FL 33773 US

Title: MGR () Change (X) Addition
Name: ST LOUIS, DONNA VP
Address: 8452 118TH AVE., N
City-St-Zip: LARGO, FL 33773 US

Title: MGRM () Change (X) Addition
Name: RUNYON, TIMOTHY DPM
Address: 1401 16TH ST.
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: MGRM () Change (X) Addition
Name: SIBLEY, MARK MD
Address: 1519 9TH AVE., N
City-St-Zip: ST PETERSBURG, FL 33705 US

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: DENTON CROCKETT

MGR

03/20/2008

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