2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

DOCUMENT# L06000020975

Entity Name: ST AUGUSTINE SURGERY CENTER, L.L.C.

Current Principal Place of Business:

ST AUGUSTINE SURGERY CENTER
180 SOUTHPARK BLVD
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

ST AUGUSTINE SURGERY CENTER
180 SOUTHPARK BLVD
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-4455176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T 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: DEPASQUALE, KALPINA M.D.
Address: 1301 PLANTATION ISLAND DR., UNIT 401
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGRM
Name: EPSTEIN, HOWARD M.D.
Address: 2460 OLD MOULTRIE RD., STE. 5
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGRM
Name: OKTAVEC, WILLIAM M.D
Address: 301 HEALTH PARK BLVD., STE. 110
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGRM
Name: STANESCU, ELENA M.D.
Address: 105 SOUTH PARK BLVD., STE. C-300
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGRM
Name: PINEAU, BEN M.D.
Address: 100 WHETSTONE PLACE SUITE 105
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGRM
Name: VASSALLO, JOHN M.D.
Address: 3780 US 1 SOUTH
City-St-Zip: ST AUGUSTINE, FL 32086

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 Statues.

SIGNATURE: STEPHANIE MARTIN ADMI 01/04/2012

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