2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050743

City-St-Zip:

City-St-Zip:

Title:

Name: Address: NASHVILLE, TN 37203

NASHVILLE, TN 37203

ONE PARK PLAZA

() Delete

HANKINS, ROBERT SAMUEL JR.

MGR

Entity Name: NICEVILLE GENERAL SURGERY, LLC

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: ONE PARK PLAZA LEGAL DEPT NASHVILLE, TN 37203 **Current Mailing Address: New Mailing Address:** ONE PARK PLAZA LEGAL DEPT NASHVILLE, TN 37203 FEI Number: 22-3931777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MOORE, A. BRUCE JR. Name: Name: Address: ONE PARK PLAZA Address: City-St-Zip: NASHVILLE, TN 37203 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: JOHNSON, R. MILTON Name: Address: ONE PARK PLAZA Address:

City-St-Zip:

MGR

(X) Change () Addition

RUTHERFORD, WILLIAM B

ONE PARK PLAZA

NASHVILLE, TN 37203

Title:

Name:

Address:

City-St-Zip:

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: A. BRUCE MOORE, JR. MGR 03/31/2009