

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058417

FILED
Apr 26, 2011
Secretary of State

Entity Name: NORTH FLORIDA NEUROSURGERY, LLC

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

New Principal Place of Business:

Current Mailing Address:

PO BOX 750
NASHVILLE, TN 37202

New Mailing Address:

FEI Number: 76-0830117

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: MGR
Name: CLIFTON, STEVEN E
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

Title: MGR
Name: STINNETT, DONALD W
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

Title: MGR
Name: RUTHERFORD, WILLIAM B
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

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: STEVEN E. CLIFTON

MGR

04/26/2011

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