

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000121647

FILED
Jul 28, 2008
Secretary of State

Entity Name: HARBORSIDE SURGERY CENTER, LLC

Current Principal Place of Business:

610 E. OLYMPIA AVE., SUITE 100
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

610 E. OLYMPIA AVE., SUITE 100
PUNTA GORDA, FL 33950

New Mailing Address:

5811 PELICAN BAY BOULEVARD, SUITE 500
ATTN: GENERAL COUNSEL
NAPLES, FL 34119

FEI Number: 65-0443846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOENNING, STEPHEN P M.D.
610 E. OLYMPIA AVE., SUITE 100
PUNTA GORDA, FL 33950 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 () Delete
Name: MOENNING, STEPHEN P M.D.
Address: 610 EAST OLYMPIA AVENUE, SUITE 100
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGR (X) Delete
Name: GUARINO, JOHN F M.D.
Address: 610 EAST OLYMPIA AVENUE, SUITE 100
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGR (X) Delete
Name: DAVIS, MARK M.D.
Address: 1951 TAMiami TRAIL, SUITE B
City-St-Zip: PORT CHARLOTTE, FL 33948 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PUNTA GORDA HMA, INC, .
Address: 809 E. MARION AVENUE
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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: TIMOTHY R. PARRY

SVP

07/28/2008

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