

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059222

FILED
Apr 28, 2008
Secretary of State

Entity Name: SURGERY CENTER OF ATLANTIS, LLC

Current Principal Place of Business:

5645 S. MILITARY TRAIL
ATLANTIC, FL 33463

New Principal Place of Business:

Current Mailing Address:

5645 S. MILITARY TRAIL
ATLANTIC, FL 33463

New Mailing Address:

ONE PARK PLAZA
ATTN: LEGAL DEPARTMENT
NASHVILLE, TN 37203

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: JENNIFER F. AULTMAN, ASST. SEC. OF CT

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STEINBERG, SETH MD
Address: 5645 S. MILITARY TRAIL
City-St-Zip: ATLANTIS, FL 33463

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ATLANTIS SURGICARE,, LLC
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

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: DORA A. BLACKWOOD, AUTHORIZED REP. OF MGRM VPS

04/28/2008

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