

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000059222

**FILED**  
**Apr 25, 2012**  
**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:**

ONE PARK PLAZA  
ATTN: LEGAL DEPARTMENT  
NASHVILLE, TN 37203

**New Mailing Address:**

**FEI Number:** 26-0298828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT 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: ATLANTIS SURGICARE, LLC  
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: DORA A. BLACKWOOD, AUTHORIZED REP. OF MGRM VPS

04/25/2012

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