


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90236 027 ***138.75

DOCUMENT # L07000075481 1. Entity Name CARILLON SURGERY CENTER, LLC			
Principal Place of Business C/O ST. ANTHONY'S HOSPITAL, INC. 1200 SEVENTH AVENUE NORTH ST. PETERSBURG, FL 33705		Mailing Address C/O ST. ANTHONY'S HOSPITAL, INC. 1200 SEVENTH AVENUE NORTH ST. PETERSBURG, FL 33705	
2. Principal Place of Business - No P.O. Box # 900 CARILLON PKWY Suite, Apt. #, etc. c/o Donna St Louis City & State St Petersburg, FL Zip 33773		3. Mailing Address 900 CARILLON PKWY Suite, Apt. #, etc. c/o Donna St Louis City & State St Petersburg, FL Zip 33773	
4. FEI Number 2101116740		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired \$5.00 Additional Fee Required		01222008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent KENNEDY, JAMES J III ESQ BUCHANAN INGERSOLL & ROONEY PC 401 EAST JACKSON STREET SUITE 2500 TAMA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MOR CROCKETT DENTON 8452 118th AVE N Largo, FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MOR ST. LOUIS, DONNA 8452 118th AVE N Largo, FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Shannon W. Ruff</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 3/20/08	Daytime Phone # 727 394-6412