

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000075481

**FILED**  
**May 07, 2012**  
**Secretary of State**

**Entity Name:** CARILLON SURGERY CENTER, LLC

**Current Principal Place of Business:**

900 CARILLON PKWY  
SUITE 205  
ST PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DONNA ST LOUIS  
8452 118TH AVE N  
LARGO, FL 33773

**New Mailing Address:**

**FEI Number:** 26-1116740      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KENNEDY, JAMES J III ESQ  
CARLTON FIELDS ATTORNEYS AT LAW  
4221 W BOY SCOUT BLVD  
TAMPA, FL 33607 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:** CROCKETT, DENTON  
**Address:** 8452 118TH AVE N  
**City-St-Zip:** LARGO, FL 33773

**Title:** MGR  
**Name:** ST. LOUIS, DONNA  
**Address:** 8452 118TH AVE N  
**City-St-Zip:** LARGO, FL 33773

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: DONNA ST LOUIS

MGR

05/07/2012

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