

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000802

FILED
Jan 03, 2012
Secretary of State

Entity Name: SEASCAPE SURGERY CENTER, LLC

Current Principal Place of Business:

5379 PRIMROSE LAKE CIRCLE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

PO BOX 46937
TAMPA, FL 33646

New Mailing Address:

FEI Number: 80-0150187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOWMAN, PAUL H MD
5379 PRIMROSE LAKE CIR
TAMPA, FL 33647 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: BOWMAN, PAUL M.D.
Address: 5379 PRIMROSE LAKE CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: PST
Name: BOWMAN, PAUL M.D.
Address: 5379 PRIMROSE LAKE CIRCLE
City-St-Zip: TAMPA, FL 33647

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: JOYCE BOWMAN

MGR

01/03/2012

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