

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048130

FILED
Apr 27, 2009
Secretary of State

Entity Name: GULF REGION SURGERY CENTER, LLC

Current Principal Place of Business:

8333 N DAVIS HWY
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

8333 N DAVIS HWY
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 26-2627967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSTON, GARY W
125 W ROMANA STREET STE 800
PENSACOLA, FL 32502 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: WEST FLORIDA MEDICAL CENTER CLINIC, PA
Address: 8333 NORTH DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32514

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: ANDY POPPLE

MGR

04/27/2009

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