

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100597

FILED
Jan 18, 2011
Secretary of State

Entity Name: RED HILL SURGICAL MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

201 N. FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602 US

New Principal Place of Business:

3334 CAPITAL MEDICAL BLVD
SUITE 600
TALLAHASSEE, FL 323088405 US

Current Mailing Address:

201 N. FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602 US

New Mailing Address:

3334 CAPITAL MEDICAL BLVD
SUITE 600
TALLAHASSEE, FL 323088405 US

FEI Number: 26-4739724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, MICHAEL J
201 N. FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602 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: SHIPMAN, MARTIN
Address: 3334 CAPITAL MEDICAL BLVD, SUITE 600
City-St-Zip: TALLAHASSEE, FL 323088405 US

Title: MGR
Name: GUARINO, MICHAEL
Address: 7268 CRYSTAL SPRING RUN
City-St-Zip: WEEKI WACHEE, FL 346074032 US

Title: MGR
Name: LOEB, PETER
Address: 1911 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 323085321 US

Title: MGR
Name: POSTMA, DUNCAN
Address: 1405 CENTERVILLE RD, SUITE 5400
City-St-Zip: TALLAHASSEE, FL 323084655 US

Title: MGR
Name: MCALPINE, KENNETH J
Address: 1401 CENTERVILLE RD, SUITE 105
City-St-Zip: TALLAHASSEE, FL 323084638 US

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: MARTIN SHIPMAN

MGR

01/18/2011

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