2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2009
Secretary of State

DOCUMENT# L08000116037

Entity Name: NEPTUNE BEACH SURGERY CENTER, LLC

Current Principal Place of Business:

3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PATTERSON & ANDERSON, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250 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	( ) Delete
Name:	AMBULATORY SERVICE ASSOCIATES, LLC	
Address:	302 ROSWELL ROAD	
City-St-Zip:	MARIETTA, GA 30062	
Title:	MGRM	( ) Delete
Name:	MARSHALL, CORBY W	
Address:	7 BLUFF DRIVE	
City-St-Zip:	SAVANNAH, GA 31406	
Title:	MGRM	( ) Delete
Name:	MORRELL, ALVARO F	
Address:	1102 1ST STREET SOUTH, UNIT D	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	
Title:	MGRM	( ) Delete
Name:	MUYRES, WILLIAM J	
Address:	2390 STOCKTON DRIVE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CORBY W. MARSHALL MGRM 09/11/2009

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