

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000031736

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** CORNERSTONE SURGICARE, LLC

**Current Principal Place of Business:**

4624 N DAVIS HIGHWAY  
PENSACOLA, FL 32503

**New Principal Place of Business:**

4624 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32503 US

**Current Mailing Address:**

4624 N DAVIS HIGHWAY  
PENSACOLA, FL 32503

**New Mailing Address:**

4624 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32503 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CRANE, SARAH D.  
220 W GARDEN STREET  
9TH FLOOR  
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:** MGRM  
**Name:** KRUEGER, KURT A  
**Address:** 4624 NORTH DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32503 US

**Title:** MRGM  
**Name:** TAYLOR, LARRY D  
**Address:** 1 CHASE CORPORATE DRIVE, SUITE 200  
**City-St-Zip:** BIRMINGHAM, AL 35244 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:** KURT A. KRUEGER

MRGM

01/17/2012

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