

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000039754

FILED
Jan 18, 2011
Secretary of State

Entity Name: RED HILL SURGICAL CENTER, LLC

Current Principal Place of Business:

3334 CAPITAL MEDICAL BLVD., SUITE 600
TALLAHASSEE, FL 32308

New Principal Place of Business:

3334 CAPITAL MEDICAL BLVD., SUITE 600
TALLAHASSEE, FL 323088405 US

Current Mailing Address:

3334 CAPITAL MEDICAL BLVD., SUITE 600
TALLAHASSEE, FL 32308

New Mailing Address:

3334 CAPITAL MEDICAL BLVD., SUITE 600
TALLAHASSEE, FL 323088405 US

FEI Number: 26-4736988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HANEY, MARK T
215 SOUTH MONROE STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HANEY, MARK T
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011517 US

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:

01/18/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

Title: T
Name: GIUDICE, WILLIAM
Address: 1300 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 323085054 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: DUNCAN POSTMA

P

01/18/2011

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