

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000117415

Entity Name: SURGICAL ASSIST, LLC

FILED  
Apr 21, 2011  
Secretary of State

**Current Principal Place of Business:**

3100 WEST END AVENUE, SUITE 800  
NASHVILLE, TN 37203

**New Principal Place of Business:**

**Current Mailing Address:**

3100 WEST END AVENUE, SUITE 800  
NASHVILLE, TN 37203

**New Mailing Address:**

FEI Number: 65-1067056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: D  
Name: BRUKARDT, GARY A  
Address: 3100 WEST END AVENUE, SUITE 800  
City-St-Zip: NASHVILLE, TN 37203 US

Title: D  
Name: GRAY, JOHN T  
Address: 3100 WEST END AVENUE, SUITE 800  
City-St-Zip: NASHVILLE, TN 37203 US

Title: D  
Name: LORDEMAN, JAMES C  
Address: 3100 WEST END AVENUE, SUITE 800  
City-St-Zip: NASHVILLE, TN 37203 US

Title: D  
Name: MAULDIN, J MICHAEL  
Address: 3100 WEST END AVENUE, SUITE 800  
City-St-Zip: NASHVILLE, TN 37203

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: JOHN TOBY GRAY

D

04/21/2011

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