

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001695

FILED
Apr 18, 2008
Secretary of State

Entity Name: PHYSICIANS SURGERY CENTER, LLC

Current Principal Place of Business:

4035 EVANS AVE.
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

40 BURTON HILLS BLVD
STE 500
NASHVILLE, TN 37215

New Mailing Address:

FEI Number: 59-2924183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 () Delete
Name: KAGAN, JOHN C
Address: 4035 EVANS AVE
City-St-Zip: FORT MYERS, FL 33901

Title: MGR () Delete
Name: ISAACSON, WAYNE
Address: 4035 EVANS AVE
City-St-Zip: FORT MYERS, FL 33901

Title: MGR () Delete
Name: SARC/FT. MYERS, INC.,
Address: 40 BURTON HILLS BLVD, STE. 500
City-St-Zip: NASHVILLE, TN 37215

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:

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: TERESA SPARKS

VP

04/18/2008

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