

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001695

**FILED**  
**Apr 21, 2010**  
**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  
Name: KAGAN, JOHN C  
Address: 4035 EVANS AVE  
City-St-Zip: FORT MYERS, FL 33901

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

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

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: TERESA SPARKS

VP

04/21/2010

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