

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000066

FILED
Jan 09, 2009
Secretary of State

Entity Name: OUTPATIENT SURGERY CENTER OF ST. AUGUSTINE, LLC

Current Principal Place of Business:

ONE ORTHOPAEDIC PLACE SUITE 200
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

ONE ORTHOPAEDIC PLACE SUITE 200
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-2047704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCEGGINS, H. STACY SDSI
1471 CADES BAY AVE
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

SCROGGINS, H. STACY SDSI
1471 CADES BAY AVE
JUPITER, FL 33458 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: H. STACY SCROGGINS

01/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VOLK, ALBERT M.D.
Address: 1 ORTHOPAEDIC PL SUITE 100
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: MGR () Delete
Name: GRIMES, JAMES M.D.
Address: 1 ORTHOPAEDIC PL SUITE 100
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR () Delete
Name: HORT, KURTIS M.D.
Address: 1 ORTHOPAEDIC PL SUITE 100
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR () Delete
Name: FLAGLER HOSPITAL, IN, C.
Address: 400 HEALTH PARK BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR () Delete
Name: HAYCOOK, BRIAN MD
Address: 1 ORTHOPEDIC PL STE 100
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VOLK, ALBERT M.D.
Address: 1 ORTHOPAEDIC PL, SUITE 100
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR (X) Change () Addition
Name: GRIMES, JAMES M.D.
Address: 1 ORTHOPAEDIC PL, SUITE 100
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR (X) Change () Addition
Name: HORT, KURTIS M.D.
Address: 1 ORTHOPAEDIC PL, SUITE 100
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HAYCOOK, BRIAN MD
Address: 1 ORTHOPAEDIC PL, SUITE 100
City-St-Zip: ST. AUGUSTINE, FL 32086

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: H. STACY SCROGGINS

RA

01/09/2009

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