

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000066

**FILED**  
**Jan 05, 2010**  
**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:**

SCROGGINS, H. STACY SDSI  
1471 CADES BAY AVE  
JUPITER, FL 33458 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:** VOLK, ALBERT M.D.  
**Address:** 1 ORTHOPAEDIC PL, SUITE 100  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

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

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

**Title:** MGR  
**Name:** FLAGLER HOSPITAL, INC.  
**Address:** 400 HEALTH PARK BLVD.  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

**Title:** MGR  
**Name:** HAYCOOK, BRIAN MD  
**Address:** 1 ORTHOPAEDIC PL, SUITE 100  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

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:** ALBERT VOLK, M.D.

MGR

01/05/2010

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