2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# M05000000066

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 Statues.

SIGNATURE: ALBERT VOLK, M.D. MGR 01/05/2011

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