

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000077

FILED
Jan 05, 2012
Secretary of State

Entity Name: PUTNAM AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

103 POWELL COURT, SUITE 200
BRENTWOOD, TN 37027 US

New Principal Place of Business:

Current Mailing Address:

103 POWELL COURT, SUITE 200
BRENTWOOD, TN 37027 US

New Mailing Address:

FEI Number: 20-2082396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: MGRM
Name: PUTNAM COMMUNITY MEDICAL CENTER, LLC
Address: 103 POWELL COURT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

Title: MGR
Name: KLEIN, ROBERT N
Address: 103 POWELL COURT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

Title: MGR
Name: GREEN, CHRISTY S
Address: 103 POWELL COURT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

Title: MGR
Name: RAPLEE, R. SCOTT
Address: 103 POWELL COURT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

Title: MGR
Name: COGGIN, MICHAEL S
Address: 103 POWELL COURT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

Title: MGR
Name: MONTE, CHRISTOPHER J
Address: 103 POWELL COURT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

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: CHRISTY S. GREEN

MGR

01/05/2012

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