

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004655

Entity Name: DSC ANESTHESIA, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

40 BURTON HILLS BLVD STE 500
NASHVILLE, TN 37215

New Principal Place of Business:

Current Mailing Address:

40 BURTON HILLS BLVD STE 500
NASHVILLE, TN 37215

New Mailing Address:

FEI Number: 20-5384672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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 () Delete
Name: DELAND SURGERY CENTER LTD
Address: 40 BURTON HILLS BLVD STE 500
City-St-Zip: NASHVILLE, TN 37215

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ORANGE CITY SURGICAL, LLC
Address: 40 BURTON HILLS BLVD STE 500
City-St-Zip: NASHVILLE, TN 37215

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: TERESA SPARKS

VP

04/16/2009

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