

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005065

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** NOVAMED SURGERY CENTER OF SEBRING, LLC

**Current Principal Place of Business:**

980 NORTH MICHIGAN AVE., #1620  
CHICAGO, IL 60611

**New Principal Place of Business:**

333 W. WACKER DR., STE 1010  
CHICAGO, IL 60606

**Current Mailing Address:**

980 NORTH MICHIGAN AVE., #1620  
CHICAGO, IL 60611

**New Mailing Address:**

333 W. WACKER DR., STE 1010  
CHICAGO, IL 60606

**FEI Number:** 20-5547484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: NOVAMED ACQUISITION COMPANY, INC.  
Address: 333 W. WACKER DR., STE 1010  
City-St-Zip: CHICAGO, IL 60606

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: JOHN W. LAWRENCE, JR.

SVP

04/20/2010

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