

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004186

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: TREASURE COAST SURGERY CENTER, LLC

## Current Principal Place of Business:

6141 VIRGINIA WAY, SUITE 420  
BRENTWOOD, TN 37027

## New Principal Place of Business:

1411 SE OCEAN BL  
STUART, FL 34996

## Current Mailing Address:

6141 VIRGINIA WAY, SUITE 420  
BRENTWOOD, TN 37027

## New Mailing Address:

1411 SE OCEAN BL  
STUART, FL 34996

FEI Number: 26-0480394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

SIMMONS, THOMAS R  
1411 SE OCEAN BL  
STUART, FL 34996 US

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: THOMAS R. SIMMONS

03/25/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: V ( ) Delete  
Name: DAUBERT, JACK MD  
Address: 1050 SE MONTEREY RD STE 104  
City-St-Zip: STUART, FL 34994

Title: C ( ) Delete  
Name: CARLSON, WILLIAM MD  
Address: 1050 SE MONTEREY RD STE 400  
City-St-Zip: STUART, FL 34994

Title: V ( ) Delete  
Name: WILSON, JOHN  
Address: 5141 VIRGINIA WAY, SUITE 420  
City-St-Zip: BRENTWOOD, TN 37027 US

Title: V ( ) Delete  
Name: KOWALSKI, CATHY  
Address: 5141 VIRGINIA WAY, SUITE 420  
City-St-Zip: BRENTWOOD, TN 37027

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS R. SIMMONS

CFO

03/25/2009

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