

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004186

FILED
Feb 16, 2010
Secretary of State

Entity Name: TREASURE COAST SURGERY CENTER, LLC

Current Principal Place of Business:

1411 SE OCEAN BL
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

1411 SE OCEAN BL
STUART, FL 34996

New Mailing Address:

FEI Number: 26-0480394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, THOMAS R
1411 SE OCEAN BL
STUART, FL 34996 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: V
Name: DAUBERT, JACK MD
Address: 1050 SE MONTEREY RD STE 104
City-St-Zip: STUART, FL 34994

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

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

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

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 WILSON

V

02/16/2010

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