

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M07000004186

**FILED**  
**Oct 05, 2012**  
**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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

CARLSON, WILLIAM MD  
1050 SE MONTEREY ROAD  
SUITE 400  
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: WILLIAM CARLSON MD

10/05/2012

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: WILLIAM CARLSON

DR

10/05/2012

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