

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007511

FILED
Mar 03, 2009
Secretary of State

Entity Name: NUETERRA HEALTHCARE SURGICAL SPECIALTY DIVISION, LLC

Current Principal Place of Business:

1200 S PINE ISLAND
FORT LAUDERDALE, FL 33324

New Principal Place of Business:

1200 S PINE ISLAND
PLANTATION, FL 33324

Current Mailing Address:

1200 S PINE ISLAND
FORT LAUDERDALE, FL 33324

New Mailing Address:

1200 S PINE ISLAND
PLANTATION, FL 33324

FEI Number: 51-0514286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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: MGR () Delete
Name: TASSET, DANIEL R
Address: 11221 ROE AVENUE, SUITE 320
City-St-Zip: LEAWOOD, KS 66211

Title: MGR () Delete
Name: HAM, TAMMY
Address: 3100 BROADWAY STE 325
City-St-Zip: KANSAS CITY, MO 64111

Title: MGR () Delete
Name: SCHARIO, JOHN
Address: 11221 ROE AVENUE, SUITE 320
City-St-Zip: LEAWOOD, KS 66211

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:

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: JOHN SCHARIO

MGR

03/03/2009

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