

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000249

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** CORAL SPRINGS NSC, LLC

**Current Principal Place of Business:**

191 N WACKER DR  
STE 925  
CHICAGO, IL 60606

**New Principal Place of Business:**

20 BURTON HILLS BLVD, 5TH FLOOR  
NASHVILLE, TN 37215

**Current Mailing Address:**

191 N WACKER DR  
STE 925  
CHICAGO, IL 60606

**New Mailing Address:**

20 BURTON HILLS BLVD, 5TH FLOOR  
NASHVILLE, TN 37215

**FEI Number:** 26-1649639

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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:** MGRM  
**Name:** NATIONAL SURGICAL CARE, INC.  
**Address:** 20 BURTON HILLS BLVD, 5TH FLOOR  
**City-St-Zip:** NASHVILLE, TN 37215

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: CLAIRE GULMI

SEC

04/13/2012

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