

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003626

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** MNH GI SURGICAL CENTER, LLC

**Current Principal Place of Business:**

401 COMMERCE STREET  
SUITE 740  
NASHVILLE, TN 37219

**New Principal Place of Business:**

**Current Mailing Address:**

401 COMMERCE STREET  
SUITE 740  
NASHVILLE, TN 37219

**New Mailing Address:**

**FEI Number:** 26-3094275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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: HOLST, DAVID  
Address: 401 COMMERCE STREET SUITE 740  
City-St-Zip: NASHVILLE, TN 37219

Title: MGRM  
Name: WESSON, BARRY  
Address: 401 COMMERCE STREET SUITE 740  
City-St-Zip: NASHVILLE, TN 37219

Title: MGRM  
Name: TALAL, HILAL  
Address: 401 COMMERCE STREET SUITE 740  
City-St-Zip: NASHVILLE, TN 37219

Title: MGRM  
Name: RAOUF, HILAL  
Address: 401 COMMERCE STREET SUITE 740  
City-St-Zip: NASHVILLE, TN 37219

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: BARRY D. WESSON

MGRM

01/05/2011

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