

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000004822

FILED
Apr 20, 2011
Secretary of State

Entity Name: SPECIALTYCARE SURGICAL ASSIST, LLC

Current Principal Place of Business:

3100 WEST END AVENUE, SUITE 800
NASHVILLE, TN 37203 US

New Principal Place of Business:

Current Mailing Address:

3100 WEST END AVENUE, SUITE 800
NASHVILLE, TN 37203 US

New Mailing Address:

FEI Number: 45-0543896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: D
Name: GRAY, J TOBY
Address: 3100 WEST END AVENUE, SUITE 800
City-St-Zip: NASHVILLE, TN 37203

Title: D
Name: CORCORAN, THOMAS F
Address: 500 WILSON PIKE CIRCLE, SUITE 228
City-St-Zip: BRENTWOOD, TN 37027

Title: D
Name: BRUKARDT, GARY A
Address: 3100 WEST END AVENUE, SUITE 800
City-St-Zip: NASHVILLE, TN 37203 US

Title: D
Name: LORDEMAN, JAMES C
Address: 3100 WEST END AVENUE, SUITE 800
City-St-Zip: NASHVILLE, TN 37203 US

Title: D
Name: MAULDIN, J. MICHAEL
Address: 3100 WEST END AVENUE, SUITE 800
City-St-Zip: NASHVILLE, TN 37203 US

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: J TOBY GRAY

D

04/20/2011

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