2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

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

Title: MGR
Name: MALONEY, DAVID M
Address: 3100 WEST END AVENUE, SUITE 800
City-St-Zip: NASHVILLE, TN 37203

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

Title: MGR
Name: GRIFFIN, CHRISTI D
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 Statues.

SIGNATURE: CHRISTI D GRIFFIN MGR 04/26/2012

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