

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001709

FILED
Jan 05, 2011
Secretary of State

Entity Name: MNH GI ANESTHESIA & PAIN MANAGEMENT, 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: 27-2222860

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: MNH GI SURGICAL CENTER, LLC
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 W. WESSON

MGRM

01/05/2011

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