

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000113

FILED
Feb 12, 2008
Secretary of State

Entity Name: CORAL SPRINGS AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

1725 UNIVERSITY DRIVE, SECOND FLOOR
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1725 UNIVERSITY DRIVE, SECOND FLOOR
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0878926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGA-COFER, DEBBIE
1725 UNIVERSITY DRIVE 2ND FLOOR
CORAL SPRINGS SURGICAL CENTER
CORAL SPRINGS, FL 33071 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 () Delete
Name: GREEN, LINDA MD
Address: 1725 NORTH UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM (X) Delete
Name: VORSTMAN, BERT MD
Address: 1725 NORTH UNIVERSITY DRIVE #400
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM (X) Delete
Name: JOHNSON, CURTIS D D.O.
Address: 220 S.W. 84TH AVENUE, #101
City-St-Zip: PLANTATION, FL 33324

Title: MGRM (X) Delete
Name: ROSENTHAL, JON N D.O.
Address: 220 S.W. 84TH AVENUE, #101
City-St-Zip: PLANTATION, FL 33324

Title: MGRM (X) Delete
Name: LEVENS, DAVID M.D.
Address: 1725 UNIVERSITY DR.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM (X) Delete
Name: ZIDEL, PAUL M.D.
Address: 301 NW 84 AVENUE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CORAL SPRINGS NSC LL, C
Address: 191 N. WACKER DRIVE, STE 925
City-St-Zip: CHICAGO, IL 60606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GREGORY R. CUNNIFF

VP

02/12/2008

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