

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004363

Entity Name: AESCULAPIAN SURGERY CENTER, LLC

Current Principal Place of Business:

943 S. BENEVA ROAD
SUITE 306
SARASOTA, FL 34232

Current Mailing Address:

943 S. BENEVA ROAD
SUITE 306
SARASOTA, FL 34232

FEI Number: 92-0179499

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMON, GEOFFREY G
943 S. BENEVA ROAD, STE. 306
SARASOTA, FL 34232 US

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

Authorized Person(s) Detail :

Title MGRM
Name INTERCOASTAL MEDICAL GROUP,
INC
Address 943 S BENEVA RD STE 306
City-State-Zip: SARASOTA FL 34232

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M STEELE MD

PRESIDENT

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date