

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003626

**Entity Name:** MNH GI SURGICAL CENTER, LLC

**Current Principal Place of Business:**

401 COMMERCE STREET  
SUITE 600  
NASHVILLE, TN 37219

**Current Mailing Address:**

401 COMMERCE STREET  
SUITE 600  
NASHVILLE, TN 37219 US

**FEI Number:** 26-3094275

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 LITTLE, LEW  
Address 401 COMMERCE STREET SUITE 600  
City-State-Zip: NASHVILLE TN 37219

Title CFO  
Name FOGLE, RICH  
Address 401 COMMERCE STREET SUITE 600  
City-State-Zip: NASHVILLE TN 37219

Title MGRM  
Name HILAL, RAOUF  
Address 401 COMMERCE STREET SUITE 600  
City-State-Zip: NASHVILLE TN 37219

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICH FOGLE

**CFO**

**04/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date