2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000015922

1. Entity Name

THE CLEARWATER ORTHOPAEDIC ASC, LLC



FILED Apr 28, 2006 08:00 Al Secretary of State

Principal Place of Business

2246 DREW STREET CLEARWATER, FL 34625 Mailing Address

2246 DREW STREET CLEARWATER, FL 34625



04252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 33-1011433

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE.

Signature, typed or pristed name of registered agent and title If applicable.

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

U00000541800 05/10/06-80073-004 50.00

9.	MANAGING MEMBERS/MANAGERS
 TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, BRIAN E 5217 MARYLAND WAY STE 200 BRENTWOOD, TN 37027
 TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOCKARD, JEFFREY 5217 MARYLAND WAY STE 200 BRENTWOOD, TN 37027
 TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABDEL HANNA, ASHRAF FOUAD MD 2250 DREW ST CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES-RAMOS, FRANCISCO M 2250 DREW ST CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of bustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/27/04

615-377-5353

Daytime Phone #