2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# L03000006467

Entity Name: TWIN LAKES SURGERY CENTER, LLC

Current Principal Place of Business:

1890 LPGA BOULEVARD, SUITE 200
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

2323 CURLEW ROAD, SUITE 7E
DUNEDIN, FL 34698

New Mailing Address:

1890 LPGA BOULEVARD, SUITE 200
DAYTONA BEACH, FL 32117

FEI Number: 54-2097061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBSON, CHARLES J
2323 CURLEW ROAD, SUITE 7E
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

JACOBSON, CHARLES J
2323 CURLEW ROAD, SUITE 7A
DUNEDIN, FL 34698 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: _____ 01/19/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	CARBIENER, PAMELA B M.D.	
Address:	30 TWELVE OAKS TRAIL	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	MGR	( ) Delete
Name:	BRYAN, JAMES M M.D.	
Address:	1629 N. HALIFAX AVENUE	
City-St-Zip:	DAYTONA BEACH, FL 32117	
Title:	MGR	( ) Delete
Name:	FABIAN, MICHAEL A M.D.	
Address:	311 N. CLYDE MORRIS BLVD., SUITE 550	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	MGR	( ) Delete
Name:	RAMSHAW, DAVID G M.D.	
Address:	311 N. CLYDE MORRIS BLVD., SUITE 550	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	MGR	( ) Delete
Name:	BIANCHI, JOSEPH D M.D.	
Address:	311 N. CLYDE MORRIS BLVD., SUITE 550	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	MGR	( ) Delete
Name:	HARRINGTON, MICHAEL M.D.	
Address:	311 N. CLYDE MORRIS BLVD., SUITE 550	
City-St-Zip:	DAYTONA BEACH, FL 32114	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 for the exemption stated in Section 119.07(3)(i), 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: JOSEPH BIANCHI MGR 01/19/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date