2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 21, 2006 8:00 am
Secretary of State
05-01-2006 90080 048 ****50.00

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1. Entity Name
TWIN LAKES SURGERY CENTER, LLC

30012134

Principal Place of Business	Mailing Address
1890 LPGA BOULEVARD, SUITE 200 DAYTONA BEACH, FL 32117	1890 LPGA BOULEVARD, SUITE 200 DAYTONA BEACH, FL 32117

04252006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
54-2097061
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACOBSON CHARLES 2323 CURLEW ROAD, SUITE A1 DUNEDIN, FL 34698	Name Bianchi, Joseph D. M.D. Street Address (P.O. Box Number is Not Acceptable) 1890 LPGA Blvd Suite 250 City Daytona Beach FL Zip Code 32117

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CARBIENER, PAMELA B M.D. 30 TWELVE OAKS TRAIL ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Lapham, DIANE M.D. 1890 LPGA Blvd Suite 200 Daytona Bch, FL. 32117	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BRYAN, JAMES M M.D. 1629 N. HALIFAX AVENUE DAYTONA BEACH, FL 32117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FABIAN, MICHAEL A M.D. 311 N. CLYDE MORRIS BLVD., SUITE 550 DAYTONA BEACH, FL 32114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RAMSHAW, DAVID G M.D. 311 N. CLYDE MORRIS BLVD., SUITE 550 DAYTONA BEACH, FL 32114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BIANCHI, JOSEPH D M.D. 311 N. CLYDE MORRIS BLVD., SUITE 550 DAYTONA BEACH, FL 32114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HARRINGTON, MICHAEL M.D. 311 N. CLYDE MORRIS BLVD., SUITE 550 DAYTONA BEACH, FL 32114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Diane Lapham M.D. MEDICAL Director 4/26/06 386-274-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #