2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State
05-27-2008 90372 008 ***138.75

DOCUMENT # L03000006467

1. Entity Name
TWIN LAKES SURGERY CENTER, LLC

50005943

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

04072008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

BIANCHI, JOSEPH D MD
1890 LPGA BLVD STE 250
DAYTONA BEACH, FL 32117

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CARBIENER, PAMELA B M.D.
STREET ADDRESS	30 TWELVE OAKS TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGR
NAME	~~BRYAN, JAMES~~ M M.D. Albert Gillespy, MD
STREET ADDRESS	~~1620 N. HALIFAX AVENUE~~ 1890 LPGA Blvd., Ste 200
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	MGR
NAME	BIANCHI, JOSEPH D M.D.
STREET ADDRESS	311 N. CLYDE MORRIS BLVD., SUITE 550
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	MGR
NAME	LAPHAM, DIANE MD
STREET ADDRESS	1890 LPGA BLVD STE 200
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
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 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: Albert W. Gillespy, MD Date 4-23-08 Daytime Phone # 386-274-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE