

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069257

FILED
Apr 19, 2007
Secretary of State

Entity Name: CELEBRATION SURGERY CENTER LLC

Current Principal Place of Business:

410 CELEBRATION PLACE
4TH FLOOR
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

400 CELEBRATION PLACE - ADMIN DEPT.
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-2110088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCOBER, DAVID
410 CELEBRATION PLACE
4TH FLOOR
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANWER, M. BADER M.D.
Address: 720 W. OAK STREET, #114
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR () Delete
Name: FADHLI, OMAR M.D.
Address: 720 W. OAK STREET, #101
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR () Delete
Name: RUBIN, JERRY A M.D.
Address: 5191 ISLEWORTH COUNTRY CLUB DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: STILTZ, BRYAN
Address: 400 CELEBRATION PLACE, ADMIN. DEPT.
City-St-Zip: CELEBRATION, FL 34747

Title: MGR () Delete
Name: UHRAN, TERRY
Address: 400 CELEBRATION PLACE, ADMIN. DEPT.
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ATKINS, JAMES MD
Address: 312 ACADIA LANE
City-St-Zip: CELEBRATION, FL 34747

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: MGR (X) Change () Addition
Name: HANZIK, ANDREW MD
Address: 317 ACADIA LANE
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JERRY A. RUBIN, MD

MGR

04/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date