

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065235

FILED
May 04, 2006
Secretary of State

Entity Name: LAPAROSCOPIC & LASER SURGERY CENTER OF CENTRAL FLORIDA,LLC

Current Principal Place of Business:

250 NORTH ALAFAYA TRAIL
#110
ORLANDO, FL 32828

New Principal Place of Business:

7359 CURRY FORD RD
ORLANDO, FL 32822

Current Mailing Address:

1714 MORGANS MILL CIRCLE
ORLANDO, FL 32825

New Mailing Address:

7359 CURRY FORD RD
ORLANDO, FL 32822

FEI Number: 01-0839016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BAIG, AJMAL A
1714 MORGANS MILL CIRCLE
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

BAIG, AJMAL A
7359 CURRY FORD RD
ORLANDO, FL 32822 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: AJMAL BAIG

05/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAIG, AJMAL A
Address: 1714 MORGANS MILL CIRCLE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAIG, AJMAL A
Address: 7359 CURRY FORD RD
City-St-Zip: ORLANDO, FL 32822

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: AJMAL BAIG

SM

05/04/2006

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