2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 19, 2008
Secretary of State

DOCUMENT# L07000088906

Entity Name: LAKE CITY SURGERY CENTER, LLC

Current Principal Place of Business:

404 NW HALL OF FAME DRIVE
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

300 WHEATRIDGE DRIVE
ROSWELL, GA 30075 US

New Mailing Address:

120 N POINTE BLVD
STE 301
LANCASTER, PA 17601 US

FEI Number: 26-0811545 **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:

LOVELACE, KATHY
404 NW HALL OF FAME DRIVE
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

FINLEY, BRIAN J
404 NW HALL OF FAME DRIVE
LAKE CITY, FL 32055 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: BRIAN J FINLEY 08/19/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SPECIALTY HEALTH PAR, TNERS, LLC
Address: 300 WHEATRIDGE DRIVE
City-St-Zip: ROSWELL, GA 30075 US

Title: MGRM (X) Delete
Name: SARNO ROAD ASSOCIATE, S, LLC
Address: 120 NORTH POINTE BOULEVARD, SUITE 301
City-St-Zip: LANCASTER, PA 17601 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SARNO ROAD ASSOCIATE, S, LLC
Address: 120 N POINTE BLVD, STE 301
City-St-Zip: LANCASTER, PA 17601 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH W DEERIN MGRM 08/19/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date