

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097363

FILED  
May 05, 2008  
Secretary of State

**Entity Name:** AMBULATORY SURGERY COMPANY I, LLC

**Current Principal Place of Business:**

1400 VILLAGE SQUARE BOULEVARD  
#3-259  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

1400 VILLAGE SQUARE BOULEVARD  
#3-259  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 26-1118099      **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:**

**Name and Address of New Registered Agent:**

SHAPIRO, DAVID M  
1400 VILLAGE SQUARE BOULEVARD  
#3-259  
TALLAHASSEE, FL 32312 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHAPIRO, DAVID M  
Address: 1400 VILLAGE SQUARE BOULEVARD, #3-259  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES:**

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: DAVID M SHAPIRO

MGMR

05/05/2008

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