2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 15, 2004
Secretary of State

DOCUMENT# M00000000382

Entity Name: THE SURGERY CENTER OF OCALA, LLC

Current Principal Place of Business:

3241 SW 34TH ST.
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

400 BURTEN HILLS BLVD
STE 400
NASHVILLE, TN 37215

New Mailing Address:

400 BURTON HILLS BLVD
STE 400
NASHVILLE, TN 37215

FEI Number: 62-1808594 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGR ( ) Delete
Name: AMBULATORY RESOURCE, CENTRES INVEST M ENT CO
Address: 40 BURTON HILLS BLVD. STE 500
City-St-Zip: NASHVILLE, TN 37215

Title: MGR ( ) Delete
Name: OCALASURG, INC.,
Address: P.O. BOX 7070
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KENNETH C MITCHELL VP 09/15/2004

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