

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000382

FILED
Jul 14, 2005
Secretary of State

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 BURTON HILLS BLVD
STE 400
NASHVILLE, TN 37215

New Mailing Address:

FEI Number: 62-1808594 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:

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

07/14/2005

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