

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001387

FILED
Apr 20, 2005
Secretary of State

Entity Name: NOVAMED SURGERY CENTER OF ALTAMONTE SPRINGS, LLC

Current Principal Place of Business:

980 NORTH MICHIGAN AVE., SUITE 1620
CHICAGO, IL 60611

New Principal Place of Business:

980 NORTH MICHIGAN AVE.
SUITE 1620
CHICAGO, IL 60611

Current Mailing Address:

980 NORTH MICHIGAN AVE., SUITE 1620
CHICAGO, IL 60611

New Mailing Address:

980 NORTH MICHIGAN AVE.
SUITE 1620
CHICAGO, IL 60611

FEI Number: 52-2441418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: NOVAMED ACQUISITION C. OMPANY, INC.
Address: 980 NORTH MICHIGAN AVE., SUITE 1620
City-St-Zip: CHICAGO, IL 60611

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 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: JOHN W. LAWRENCE, JR.

VP

04/20/2005

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