2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# M99000000113

Entity Name: CORAL SPRINGS AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

1725 UNIVERSITY DRIVE, SECOND FLOOR
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1725 UNIVERSITY DRIVE, SECOND FLOOR
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0878926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAGS-COFER, DEBBIE
1725 UNIVERSITY DRIVE 2ND FLOOR
CORAL SPRINGS SURGICAL CENTER
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

HAGA-COFER, DEBBIE
1725 UNIVERSITY DRIVE 2ND FLOOR
CORAL SPRINGS SURGICAL CENTER
CORAL SPRINGS, FL 33071 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: DEBBIE HAGA-COFER 04/26/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	GREEN, LINDA MD	
Address:	1725 NORTH UNIVERSITY DRIVE	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	MGRM	( ) Delete
Name:	VORSTMAN, BERT MD	
Address:	1725 NORTH UNIVERSITY DRIVE #400	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	MGRM	( ) Delete
Name:	JOHNSON, CURTIS D D.O.	
Address:	220 S.W. 84TH AVENUE, #101	
City-St-Zip:	PLANTATION, FL 33324	
Title:	MGRM	( ) Delete
Name:	ROSENTHAL, JON N D.O.	
Address:	220 S.W. 84TH AVENUE, #101	
City-St-Zip:	PLANTATION, FL 33324	
Title:	MGRM	( ) Delete
Name:	LEVENS, DAVID M.D.	
Address:	1725 UNIVERSITY DR.	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	MGRM	( ) Delete
Name:	ZIDEL, PAUL M.D.	
Address:	301 NW 84 AVENUE	
City-St-Zip:	PLANTATION, FL 33324	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: CURTIS JOHNSON, D.O. MGRM 04/26/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date