2006 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L05000097238**

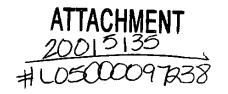
FILED Mar 13, 2006 8:00 am Secretary of State

| 1. Entity Nam PACE AN | | ORY SURGERY CE | NTER, LLC | | | | | 03-13-200 | b 90 3 3. | 3 040 | 33 | .00 | |
|--|--------------------------------|--|--|---|--|---|--|---|--|----------------|----------------------|--|-----------------------|
| Principal Plac | e of Busines | s | Mailing Address | | | | | | | | | | |
| 5151 NORTH PENSACOLA, | | E. | 5151 NORTH NINTH AV PENSACOLA, FL 32504 | | | ĺ | | | 20 | 015 | 5135 | | |
| 2. Principal P | Place of Busin | ness | 3. Mailing Address | | | | | | | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 0224200 | 6 Chg-LL6 | | CR2E | 083 (11/0 | 05) | |
| City & Stat | е | | City & State | | | | 4. FEI Nun | | 74346 | 1 | | | ied For Applicable |
| Žip | | Country | Zip | Count | try | | | ate of Status De | | Ŋ | \$5.00 Fee Req | | onal — |
| | 6. Name | and Address of Current F | legistered Agent | | Name | | 7. Name a | nd Address of | New Reg | istered | Agent | | |
| EMMANUEL, KAREN O 5151 NORTH NINTH AVE. | | | | | | ddress (P | (P.O. Box Number is Not Acceptable) | | | | | | |
| PENSACC | | | | | | | | | | | | | |
| | <u> </u> | | | | City | | | | | FL | <u>- L</u> | Code | |
| | named entit tions of regist | | the purpose of changing its | registere | ed office or | registere | d agent, or | both, in the Stat | e of Florio | ia. Iam | familiar v | vith, ar | nd accept |
| SIGNATURE | Signature head | or printed name of registered agent ar | of title if amplicable (NOTE | Panistarer | 1 Apeni einneh | uce remained a | vhen reinstating) | | | DATE | | | |
| | | | | | | | | | | | | | |
| D | iling Fee i ue by Ma | y 1, 2006 | | | | | <u> </u> | <u> </u> | Florida C | Pepartn | payable nent of S | | · · |
| 9 | | | | 10. | | | | <u> </u> | | Pepartn | nent of S | State | E2 A4897 |
| D | | y 1, 2006 | IS/MANAGERS | TITLE NAME STREE | ET ADDRESS | 5151 | North | ADDI Peter Ninth A | Florida C | Departn | nent of S | State | ☑ Addition |
| 9. TITLE NAME STREET ADDRESS | | y 1, 2006 | | TITLE NAME STREE | ET ADDRESS -ST-ZIP | Hecka 5151 Pensa MGRM | North acola, | Peter Ninth A FL 3250 | Florida C | Departn | nent of S | State nge | Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | y 1, 2006 | ☐ Delete | TITLE NAME STREE CITY- TITLE NAME | ET ADDRESS -ST-ZIP | Hecka 5151 Pensa MGRM Sadra | North acola, c. Cher | Peter Ninth A FL 3250 | rions/c rions/c venue 4 | HANGES | Char | State nge | |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Kam Daniel Karen O. Emmanuel General Crunse | 03/06/2006 850,416.6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayling Prone #

PACE Ambulatory Surgery Center Physician Participants as of 02/10/06



General/Vascular Surgery

Pam Schurman, D.O. 4498 Highway 90

Pace, FL 32571

Phone: 850-994-2771 - Linda

Fax: 850-994-2832

Fernando Kafie, M.D.

5147 N. 9th Avenue, Suite G01

Pensacola, FL 32504

Phone: 850-969-1491 - Debbie

Fax: 850-969-1443

Pain Management (contact Kathy Petuchov)

Craig Cartia, M.D.

Aaron Stein, M.D.

Cary X237 is Dr. Stein's scheduler

Pain Management 510 Corday Street Pensacola, FL 32503 Phone: 850-969-9804

Fax: 850-475-2143

Orthopedics

Mark Caylor, M.D. (contact Tammy)
Barry Lurate, M.D. (contact Marynell) X203
Jason Marshall, M.D. (contact Jennifer)
Pensacola Orthopedics
5147 N. 9th Avenue, #322
Pensacola, FL 32504

Phone: 850-474-9995 Back Line: 850-474-9776 Fax: 850-477-6021

Joseph Dennie, M.D. (contact Mrs. Dennie) or Terri 2441 N. 9th Avenue, Suite B Pensacola, FL 32503 *Phone: 850-434-5770*

Fax: 850-438-4999

Ear. Nose and Throat (Contact Mary)

Michael Rinaldi, D.O. 5992 Berryhill Road, Suite 205 Milton, FL 32570

Phone: 850-983-7778 - Brandi

Fax: 850-983-7785



ATTACHMENT 20015135 11 0000097238

Florida Limited Liability

PACE AMBULATORY SURGERY CENTER, LLC

PRINCIPAL ADDRESS 5151 NORTH NINTH AVE. PENSACOLA FL 32504

MAILING ADDRESS 5151 NORTH NINTH AVE. PENSACOLA FL 32504

Document Number L05000097238 FEI Number NONE Date Filed 10/03/2005

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Total Contribution 0.00

Registered Agent

Name & Address

EMMANUEL, KAREN O 5151 NORTH NINTH AVE PENSACOLA FL 32504

Manager/Member Detail

| Name & Address | Title | |
|----------------|-------|--|
| NONE | | |

Annual Reports

Report Year Filed Date

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Corporations Help