2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2006
Secretary of State

DOCUMENT# L03000038278

Entity Name: SOUTH PALM AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

951 N.W. 13TH ST., STE. 2-E
BOCA RATON, FL 33486

New Principal Place of Business:

1905 CLINT MOORE RD.
SUITE 115
BOCA RATON, FL 33496

Current Mailing Address:

951 N.W. 13TH ST., STE. 2-E
BOCA RATON, FL 33486

New Mailing Address:

1905 CLINT MOORE RD.
SUITE 115
BOCA RATON, FL 33496

FEI Number: 20-0313969 **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:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SALOMON, PETER	
Address:	951 NW 13TH STREET NO 2E	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	MGRM	( ) Delete
Name:	FISHMAN, ROBERT	
Address:	951 NW 13TH STREET NO. 2E	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	MGRM	( ) Delete
Name:	PROSCIA, VITO	
Address:	951 NW 13TH STREET NO. 2E	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	MGRM	( ) Delete
Name:	BLOOM, HENRY H	
Address:	63 WEST MAIN STREET	
City-St-Zip:	FREEHOLD, NJ 07728	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER SALOMON MGRM 07/12/2006

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