

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90066 002 ****50.00

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DOCUMENT # L05000097238 1. Entity Name PACE AMBULATORY SURGERY CENTER, LLC					
Principal Place of Business 5151 NORTH NINTH AVE. PENSACOLA, FL 32504			Mailing Address 5151 NORTH NINTH AVE. PENSACOLA, FL 32504		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02232007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-3743461				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EMMANUEL, KAREN O 5151 NORTH NINTH AVE. PENSACOLA, FL 32504			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HECKATHORN, PETER 5151 NORTH NINTH AVE PENSACOLA, FL 32504	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SADRO, CHERYL 5151 NORTH NINTH AVE PENSACOLA, FL 32504	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELMORE, BUDDY 5151 N 9th AVE PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTIA, CRAIG MD 510 CORDAY ST PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAFIE, FERNANDO MD 5147 NORTH NINTH AVE SUITE 601 PENSACOLA, FL 32504	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RINALDI, MICHAEL MD 5992 BERRYHILL RD SUITE 205 MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENNIE, JOSPEH T MD 2441 NORTH NINTH AVE SUITE B PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <i>8/24/07</i> Daytime Phone # <i>850-416-7039</i>	