

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097238

FILED
Jan 07, 2008
Secretary of State

Entity Name: PACE AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

5151 NORTH NINTH AVE.
PENSACOLA, FL 32504

New Principal Place of Business:

3754 HWY 90.
SUITE 120
PACE, FL 32571

Current Mailing Address:

5151 NORTH NINTH AVE.
PENSACOLA, FL 32504

New Mailing Address:

3754 HWY 90
SUITE #120
PACE, FL 32571

FEI Number: 20-3743461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMMANUEL, KAREN O
5151 NORTH NINTH AVE.
PENSACOLA, FL 32504 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: HECKATHORN, PETER
Address: 5151 NORTH NINTH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: ELMORE, BUDDY
Address: 5151 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: CARTIA, CRAIG MD
Address: 510 CORDAY ST
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM () Delete
Name: KAFIE, FERNANDO MD
Address: 5147 NORTH NINTH AVE SUITE 601
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: RINALDI, MICHAEL MD
Address: 5992 BERRYHILL RD SUITE 205
City-St-Zip: MILTON, FL 32570

Title: MGRM () Delete
Name: DENNIE, JOSPEH T MD
Address: 2441 NORTH NINTH AVE SUITE B
City-St-Zip: PENSACOLA, FL 32503

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: MGRM (X) Change () Addition
Name: RINALDI, MICHAEL MD
Address: 6044 DOCTORS PARK RD.
City-St-Zip: MILTON, FL 32570

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: ANNE KACHELHOFFER

ADMN

01/07/2008

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