2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# L00000012971

Entity Name: ADVANCED AMBULATORY SURGICAL CENTER LLC

Current Principal Place of Business:

349 NORTH U.S. HIGHWAY 27
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

349 NORTH U.S. HIGHWAY 27
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3695062 **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:

LUCAS, DAVID H
1967 BRANTLEY CIRCLE
CLERMONT, FL 34711 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: LUCAS, DAVID H
Address: 1967 BRANTLEY CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: MGRM ( ) Delete
Name: TOPPINO MD, MAYSSA
Address: 819 HIGH POINT CIRCLE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

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: DAVID L. ALLYN, MD MGRM 07/05/2006

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