2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# L00000013054

Entity Name: ENDOSURG OUTPATIENT CENTER, LLC

Current Principal Place of Business:

8100 CR 44 LEG-A
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

8100 CR 44 LEG-A
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 59-3678998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISMAIL, AKRAM M.D.
8100 CR 44 LEG-A
LEESBURG, FL 34788 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: MGR ( ) Delete
Name: ISMAIL, AKRAM M.D.
Address: 8100 CR 44 LEG-A
City-St-Zip: LEESBURG, FL 34788

Title: MGR ( ) Delete
Name: ISMAIL, ISMAIL A RPA
Address: 8100 CR 44 LEG A
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: ISMAIL, ISMAIL A RPH
Address: 8100 CR 44 LEG A
City-St-Zip: LEESBURG, FL 34788

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: AKRAM ISMAIL MD MGR 04/06/2006

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