

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001940

FILED
Jan 04, 2006
Secretary of State

Entity Name: AFFILIATED GENERAL SURGEONS, L.L.C.

Current Principal Place of Business:

1143 NW 64TH TERRACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

1143 NW 64TH TERRACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 30-0058378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, ANTHONY P
1143 NW 64TH TERRACE
GAINESVILLE, FL 32605 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: PICKENS, BRIAN MD
Address: 10412 SW 49TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Delete
Name: MCDONALD, ANTHONY P MD
Address: 1945 N.W. 30TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM () Delete
Name: SARANTOS, PETER M.D.
Address: 15213 N.W. 41ST AVENUE
City-St-Zip: NEWBERRY, FL 32669

Title: MGRM () Delete
Name: THOBURN, ERIC MD
Address: 4205 S.W. 91ST DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Delete
Name: DETURRIS, STANLEY MD
Address: 1820 SW 86TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

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: ANTHONY MCDONALD

PRES

01/04/2006

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