2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# L01000011664

Entity Name: SURGERY CENTER BILLING, LLC

Current Principal Place of Business:

12670 CREEKSIDE LANE
STE 401
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

12670 CREEKSIDE LANE
STE 401
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-1128773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, WILLIAM R ESQ
8191 COLLEGE PARKWAY #204
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS, FL 33901 US

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: GUY E. WHITESMAN 04/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: SERBIN, CARYL A
Address: 12670 CREEKSIDE LANE STE 401
City-St-Zip: FORT MYERS, FL 33919

Title: V ( ) Delete
Name: ENGLISH, JUDITH
Address: 12670 CREEKSIDE LANE STE 401
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: PS (X) Change ( ) Addition
Name: SERBIN, CARYL A
Address: 12670 CREEKSIDE LANE STE 401
City-St-Zip: FORT MYERS, FL 33919

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: CARYL A. SERBIN P 04/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date