

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017645

FILED
Apr 08, 2005
Secretary of State

Entity Name: THE SURGERY CENTER OF VOLUSIA, L.L.C.

Current Principal Place of Business:

3635 N. CLYDE MORRIS BOULEVARD
#500
PORT ORANGE, FL 32129

New Principal Place of Business:

3635 S CLYDE MORRIS BLVD
#500
PORT ORANGE, FL 32129

Current Mailing Address:

3635 N. CLYDE MORRIS BOULEVARD
#500
PORT ORANGE, FL 32129

New Mailing Address:

3635 S CLYDE MORRIS BLVD
#500
PORT ORANGE, FL 32129

FEI Number: 59-3754620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGNONE, LOUIS M
3635 N. CLYDE MORRIS BOULEVARD
#100
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

AGNONE, LOUIS M
3635 S CLYDE MORRIS BLVD
#500
PORT ORANGE, FL 32129 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: KATHIE SCHAMAUN

04/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: STELLA, GREGORY J
Address: 3635 N. CLYDE MORRIS BOULEVARD #100
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR () Delete
Name: AGNONE, LOUIS M
Address: 3635 N. CLYDE MORRIS BOULEVARD #100
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR () Delete
Name: MOULIS, HARRY
Address: 3635 N. CLYDE MORRIS BOULEVARD #100
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR () Delete
Name: RICCI, DONATO R
Address: 3635 N. CLYDE MORRIS BOULEVARD #100
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR () Delete
Name: SLADE, C. LAWRENCE
Address: 3635 N. CLYDE MORRIS BLVD., #400
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR () Delete
Name: HAWTHORNE, KENNETH B JR
Address: 70 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STELLA, GREGORY J
Address: 3635 S CLYDE MORRIS BLVD #100
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR (X) Change () Addition
Name: AGNONE, LOUIS M
Address: 3635 S CLYDE MORRIS BLVD #100
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR (X) Change () Addition
Name: MOULIS, HARRY
Address: 3635 S CLYDE MORRIS BLVD #100
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR (X) Change () Addition
Name: RICCI, DONATO R
Address: 3635 S CLYDE MORRIS BLVD #100
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR (X) Change () Addition
Name: SLADE, C. LAWRENCE
Address: 3635 S CLYDE MORRIS BLVD #400
City-St-Zip: PORT ORANGE, FL 32129

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 Section 119.07(3)(i), 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: GREGORY J STELLA

MGR

04/08/2005

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