

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017645

FILED  
Mar 30, 2007  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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 S CLYDE MORRIS BLVD  
#500  
PORT ORANGE, FL 32129 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: STELLA, GREGORY J  
Address: 3635 S CLYDE MORRIS BLVD #100  
City-St-Zip: PORT ORANGE, FL 32129

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

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

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

Title: MGR ( ) Delete  
Name: SLADE, C. LAWRENCE  
Address: 3635 S 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: ( ) 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:

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: SUSAN J. DONIGAN

ADM.

03/30/2007

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