

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90041 034 ****50.00

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DOCUMENT # L02000005717 1. Entity Name SURGICARE ASSOCIATES, L.L.C.					
Principal Place of Business 2250 DREW STREET CLEARWATER, FL 33765			Mailing Address 2250 DREW STREET CLEARWATER, FL 33765		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 03-0411867				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ. 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input checked="" type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPINCARE ASSOCIATES, LLC		NAME	SCOTT A. Webb	
STREET ADDRESS	2250 DREW STREET		STREET ADDRESS	2250 Drew St	
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP	Clearwater, FL 33765	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:			Scott A. Webb, D.O. Managing member		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/26/06</u> Daytime Phone # _____		