

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007911

FILED
Mar 13, 2006
Secretary of State

Entity Name: NAWADA AMBULATORY SURGICAL CENTER, LLC

Current Principal Place of Business:

1121 1ST STREET, S
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

1121 1ST STREET, S
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C.U. NAWADA
1121 1ST STREET, S
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

NAWADA, C U M.D.
1121 1ST STREET, S
WINTER HAVEN, FL 33880 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: C. U. NAWADA, M.D.

03/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NAWADA, C.U.
Address: 271 LAKE LINK RD., S.E.
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: NAWADA, C U M.D.
Address: 271 LAKE LINK RD., S.E.
City-St-Zip: WINTER HAVEN, FL 33884

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: C. U. NAWADA, M.D.

PRES

03/13/2006

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