

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009420

FILED
Jun 16, 2006
Secretary of State

Entity Name: COLONNADE AMBULATORY SURGICAL CENTER, LLC

Current Principal Place of Business:

9520 BONITA BEACH RD.
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

9520 BONITA BEACH RD.
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 20-0007372 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ERIC, REED DR.
9540 BONITA BEACH ROAD
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

COLONNADE, AMBULATORY SURG
9520 BONITA BEACH ROAD
BONITA SPRINGS, FL 34135 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: COLONNADE AMBULATORY SURG. CTR.

06/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ERIC, REED DR.
Address: 9540 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR () Delete
Name: PAUL, SCHWARTZ
Address: 9520 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

Title: BNRP (X) Change () Addition
Name: COLONNADE, AMBULATORY SURG
Address: 9520 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

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: AMBULATORY SURGICAL CENTRER, LLC

MR.

06/16/2006

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