

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016588

FILED
Jan 13, 2004
Secretary of State

Entity Name: TRINITY SURGERY CENTER, LLC

Current Principal Place of Business:

2102 TRINITY OAKS BLVD.
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

2102 TRINITY OAKS BLVD.
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 02-0656933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, STEPHEN C
315 S. HYDE PARK AVE.
TAMPA, FL 33606

Name and Address of New Registered Agent:

KENNEDY, JAMES III
SUNTRUST FINANCIAL CENTRE
401 E JACKSON ST, STE 2500
TAMPA, FL 33602 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: JAMES KENNEDY

01/13/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: CB () Delete
Name: COURIS, JOHN
Address: 1240 S FT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33756

Title: MGR () Delete
Name: LATORRA, RANDALL MD
Address: 14924 CASEY RD
City-St-Zip: TAMPA, FL 33624

Title: MGR () Delete
Name: KLIBANOFF, ALAN MD
Address: 33920 US HWY 19 N STE 124
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGR () Delete
Name: ROOT, THOMAS MD
Address: 2102 TRINITY OAKS BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGR () Delete
Name: BEHRMAN, TODD DPM
Address: 651 E TARPON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGR () Delete
Name: JENNINGS, WILLIAM
Address: 6600 MADISON ST
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COURIS, JOHN
Address: 1240 S FT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33756

Title: MGR (X) Change () Addition
Name: LATORRE, RANDALL MD
Address: 14924 CASEY RD
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BEHRMANN, TODD DPM
Address: 651 E TARPON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

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: JOHN COURIS

MGR

01/13/2004

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