

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016588

FILED
Jan 05, 2006
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 (X)

Name and Address of Current Registered Agent:

KENNEDY, JAMES III
SUNTRUST FINANCIAL CENTRE
401 E JACKSON ST, STE 2500
TAMPA, FL 33602 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: COURIS, JOHN
Address: 1240 S FT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33756

Title: MGR () Delete
Name: LATORRE, 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: BEHRMANN, 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: LATORRE, RANDALL MD
Address: 13909 N. DALE MABRY, STE 7
City-St-Zip: TAMPA, FL 33618

Title: MGR (X) Change () Addition
Name: KLIBANOFF, ALAN MD
Address: 33920 US HWY 19 N STE 124
City-St-Zip: PALM HARBOR, FL 34684

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: JOHN COURIS

MGR

01/05/2006

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