

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024087

FILED
Jan 23, 2007
Secretary of State

Entity Name: LAKE MARY SURGERY CENTER, L.L.C.

Current Principal Place of Business:

460 ST. CHARLES COURT
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

460 ST. CHARLES COURT
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 13-4215228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, CINDY
925 WILLISTON PARK PL. SUITE 1009
LAKE MARY, FL 32746 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: MGRM () Delete
Name: MASON, CHRISTOPHER DPM
Address: 4106 W LAKE MARY BLVD 123
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: REED, STEPHEN M MD
Address: 2500 W. LAKE MARY BLVD., #217
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: BRANCH, MICHAEL MD
Address: 1403 MEDICAL PLAZA DRIVE, #100
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: WATSON, CINDY M DPM
Address: 518 SABAL TRAIL CIR
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: O'NEAL, SEAN
Address: 200 STATION WAY, SUITE D
City-St-Zip: ARROYO GRANDE, CA 93420

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AUERBACH, DAVID DO
Address: 225 WEST SR 434
City-St-Zip: LONGWOOD, FL 32750

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

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: CINDY WATSON

CEO

01/23/2007

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