2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007
Secretary of State

DOCUMENT# L02000024275

Entity Name: THE SURGERY & ENDOSCOPY CENTER, LLC

Current Principal Place of Business:

3201 PHYSICIANS WAY
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

3201 PHYSICIANS WAY
SEBRING, FL 33870

New Mailing Address:

FEI Number: 04-3747286 **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:

SWAINE, MICHAEL
425 SOUTH COMMERCE AVE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

DEGANCE, KIM A
3201 PHYSICIANS WAY
SEBRING, FL 33870 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: KIM DEGANCE 07/10/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HIGHLANDS REAL ESTAT, E
Address: 3581 S HIGHLANDS AVE
City-St-Zip: SEBRING, FL 33870

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THAKKAR, VINOD
Address: 3201 PHYSICIANS WAY
City-St-Zip: SEBRING, FL 33870

Title: MGRM ( ) Change (X) Addition
Name: NEWSOM, THOMAS H
Address: 3201 PHYSICIANS WAY
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify 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: T HUNTER NEWSOM MGRM 07/10/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date