

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006046

FILED
Apr 20, 2005
Secretary of State

Entity Name: ASSOCIATE SURGEONS NETWORK, LLC

Current Principal Place of Business:

3399 N.W. 72ND AVENUE
101
MIAMI, FL 33122 US

New Principal Place of Business:

2901 S.W. 149 AVENUE, SUITE 140
MIRAMAR, FL 33027 US

Current Mailing Address:

3399 N.W. 72ND AVENUE
101
MIAMI, FL 33122 US

New Mailing Address:

2901 S.W. 149 AVENUE, SUITE 140
MIRAMAR, FL 33027 US

FEI Number: 30-0151769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMERMAN, PAUL M
325 EAST SAN MARINO DRIVE
MIAMI BEACH, FL 33139 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/MEMBERS:

Title: P () Delete
Name: ZIMMERMAN, PAUL M M.D
Address: 3399 NW 72 AVE #101
City-St-Zip: MIAMI, FL 33122

Title: S () Delete
Name: GLASS, GERALD G DR.
Address: 3399 NW 72 AVE #101
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZIMMERMAN, PAUL M M.D
Address: 2901 S.W. 149 AVENUE, SUITE 140
City-St-Zip: MIRAMAR, FL 33027

Title: MGR (X) Change () Addition
Name: GLASS, GERALD G DR.
Address: 2901 S.W. 149 AVENUE, SUITE 140
City-St-Zip: MIRAMAR, FL 33027

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: ROCHELLE S. MATZA

CFO

04/20/2005

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