

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000006467

1. Entity Name
TWIN LAKES SURGERY CENTER, LLC



Principal Place of Business
1890 LPGA BOULEVARD, SUITE 200
DAYTONA BEACH, FL 32117

Mailing Address
1890 LPGA BOULEVARD, SUITE 200
DAYTONA BEACH, FL 32117



04262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2097061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BIANCHI, JOSEPH D MD
1890 LPGA BLVD STE 250
DAYTONA BEACH, FL 32117

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CARBIENER, PAMELA B M.D.
STREET ADDRESS	30 TWELVE OAKS TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGR
NAME	BRYAN, JAMES M M.D.
STREET ADDRESS	1629 N. HALIFAX AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	MGR
NAME	BIANCHI, JOSEPH D M.D.
STREET ADDRESS	311 N. CLYDE MORRIS BLVD., SUITE 550
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	MGR
NAME	LEPHAM, DIANE MD
STREET ADDRESS	1890 LPGA BLVD STE 200
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/07-80044-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Pamela B. Carbiener Pamela B. Carbiener

4/26/07

386-252-4793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #