

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011872

FILED
Apr 27, 2006
Secretary of State

Entity Name: ST. JOHN'S SURGERY CENTER, LLC

Current Principal Place of Business:

8901 CONFERENCE DRIVE
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

8901 CONFERENCE DRIVE
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0502027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NORMAN, CHRISTOPHER H
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 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: QUIGLEY, THOMAS A III
Address: 6091 S. POINTE BLVD.
City-St-Zip: FT. MYERS, FL 33919

Title: MGR () Delete
Name: ZOLLA, RONALD W
Address: 17 HAWKES STREET
City-St-Zip: MARBLEHEAD, MA 01945

Title: MGR () Delete
Name: HIRSCH, JOHN A
Address: 17 HAWKES STREET
City-St-Zip: MARBLEHEAD, MA 01945

ADDITIONS/CHANGES:

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: THOMAS A QUIGLEY, MD

DR

04/27/2006

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