2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# L03000011872

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 ( )**

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 PD 04/10/2007

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