2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014706

Name:

Address:

City-St-Zip:

160 NORTH SPRING LAKE RD

ALTAMONTE SPRINGS, FL 32714

Entity Name: RINEHART/LAKE MARY SURGICAL CENTER, LLC

FILED Jaņ 03, 2<u>00</u>6 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 917 RINEHART ROAD **SUITE 1001** LAKE MARY, FL 32746 **New Mailing Address: Current Mailing Address:** 917 RINEHART ROAD **SUITE 1001** LAKE MARY, FL 32746 FEI Number: 04-3754202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TALAL, HILAL E LOONEY, STEPHEN 917 RINEHART ROAD 917 RINEHART ROAD **SUITE 1001** SUITE 1001 LAKE MARY, FL 32746 US LAKE MARY, FL 32746 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: STEPHEN LOONEY 01/03/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete NAVARRO, FELIX A JR Name: Name: P.O. BOX 2169 Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MALLAIAH, LENKALA R Name: Address: 311 NORTH MANGOUSTINE AVE Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: MGR () Delete Title: () Change () Addition GADDIPATI, KALYANI Name: Name: 1061 MEDICAL CENTER DR., STE. 210 Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition HILAL, TALAL E

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.

Name:

Address:

City-St-Zip:

SIGNATURE: FELIX A. NAVARRO, JR. 01/03/2006