2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007
Secretary of State

DOCUMENT# L03000018705

Entity Name: ACCENT OUTPATIENT FACILITY, LLC

Current Principal Place of Business:

4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 02-0692165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLOWASKY, ANN L M.D.
4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607 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:	MGRM	( ) Delete
Name:	MAST, BRUCE A MD	
Address:	4340 NEWBERRY RD STE 301	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	MGR	( ) Delete
Name:	RODGERS, LAWRENCE W MD	
Address:	4340 NEWBERRY RD STE 301	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	MGR	( ) Delete
Name:	DIMITROV, EVA A MD	
Address:	4340 NEWBERRY RD STE 301	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	MGR	( ) Delete
Name:	KERR, BRIAN MD	
Address:	4340 NEWBERRY RD STE 301	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	MGR	( ) Delete
Name:	GLOWASKY, ANN L MD	
Address:	4340 NEWBERRY RD STE 301	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	( ) Change (X) Addition
Name:	SOFIA, KIRK K MD	
Address:	4340 NEWBERRY RD STE 301	
City-St-Zip:	GAINESVILLE, FL 32607	

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: BRUCE A MAST, MD MGRM 02/16/2007

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