

**DOOY LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000021143

1. Entity Name
PARK PLACE SURGERY CENTER, L.L.C.



**FILED
Feb 05, 2007 8:00 am
Secretary of State**

02-05-2007 90200 038 ****55.00

Principal Place of Business
2450 MAITLAND CENTER PKWY
STE 100
MAITLAND, FL 32751

Mailing Address
2450 MAITLAND CENTER PKWY
STE 100
MAITLAND, FL 32751

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country

Zip Country

01252007 Chg-LLC CR2E083 (12/06)

4. FEI Number 72-1567148	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAZATA, JOHN DPM
827 OAK RIDGE RD
ORLANDO, FL 32809

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 reassigning)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHELLHAMMER, MARK 1031 W COLONIAL DRIVE OCOEE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLETTE, ROBERT 763 HARLEY STRICKLAND BLVD ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOOVER, ROBERT 661 EAST ALTAMONTE DR #210 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSEPH, BRIAN 147 E. LYMAN AVE WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'NEAL, SEAN 200 STATION WAY #D ARROYO GRANDE, CA 93420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

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

Brian Joseph MD
1/26/07

407.815.0296
Daytime Phone #

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000021143		
1. Entity Name PARK PLACE SURGERY CENTER, L.L.C.		

Principal Place of Business 2450 MAITLAND CENTER PKWY STE 100 MAITLAND, FL 32751	Mailing Address 2450 MAITLAND CENTER PKWY STE 100 MAITLAND, FL 32751
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01252007 Chg-LLC CR2E083 (12/06)

4. FEI Number 72-1567148	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BAZATA, JOHN DPM 827 OAK RIDGE RD ORLANDO, FL 32809	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
--	---

FL Zip Code

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 reinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHELLHAMMER, MARK 1031 W COLONIAL DRIVE OCOEE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLETTE, ROBERT 763 HARLEY STRICKLAND BLVD ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOOVER, ROBERT 661 EAST ALTAMONTE DR #210 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSEPH, BRIAN 147 E. LYMAN AVE WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'NEAL, SEAN 200 STATION WAY #D ARROYO GRANDE, CA 93420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Brian Joseph, MD*

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

Date: *4/30/07*

Daytime Phone #: *407-815-0296*

ATTACHMENT
60013187