

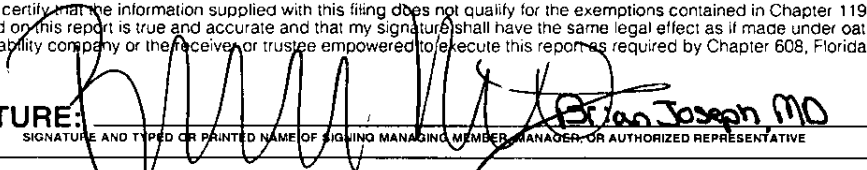



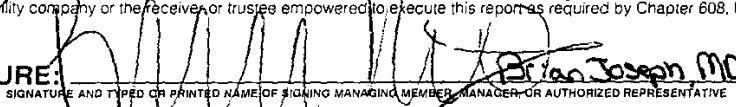
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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 Zip Country		City & State Zip Country		01252007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 72-1567148				Applied For <input type="checkbox"/> 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 _____ (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	MGR SCHELLHAMMER, MARK 1031 W COLONIAL DRIVE OCOE, FL 34761	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHELLHAMMER, MARK		NAME		
STREET ADDRESS	1031 W COLONIAL DRIVE		STREET ADDRESS		
CITY - ST - ZIP	OCOE, FL 34761		CITY - ST - ZIP		
TITLE	D COLLETTE, ROBERT 763 HARLEY STRICKLAND BLVD ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLETTE, ROBERT		NAME		
STREET ADDRESS	763 HARLEY STRICKLAND BLVD		STREET ADDRESS		
CITY - ST - ZIP	ORANGE CITY, FL 32763		CITY - ST - ZIP		
TITLE	DP HOOVER, ROBERT 661 EAST ALTAMONTE DR #210 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOVER, ROBERT		NAME		
STREET ADDRESS	661 EAST ALTAMONTE DR #210		STREET ADDRESS		
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701		CITY - ST - ZIP		
TITLE	MGR JOSEPH, BRIAN 147 E. LYMAN AVE WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOSEPH, BRIAN		NAME		
STREET ADDRESS	147 E. LYMAN AVE		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK, FL 32789		CITY - ST - ZIP		
TITLE	MGR O'NEAL, SEAN 200 STATION WAY #D ARROYO GRANDE, CA 93420	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'NEAL, SEAN		NAME		
STREET ADDRESS	200 STATION WAY #D		STREET ADDRESS		
CITY - ST - ZIP	ARROYO GRANDE, CA 93420		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			1/2/07 407.895-0296		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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SIGNATURE: 			Date: 1/2/07 Daytime Phone #: 407-895-0296		

ATTACHMENT
60013187