2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 02, 2008 8:00 am
Secretary of State
05-16-2008 90186 045 ***138.75

DOCUMENT # L03000021143

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

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

04172008 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	7. Name and Address of New Registered Agent
BAZATA, JOHN, DPM 827 OAK RIDGE RD ORLANDO, FL 32809	Name: Corp Direct Agents Street Address (P.O. Box Number is Not Acceptable): 515 Park Ave. E. City: Tallahassee FL Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Surgery Partners of Park Place 5501 W. Gray St. Tampa. FL. 33609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLETTE, ROBERT 763 HARLEY STRICKLAND BLVD ORANGE CITY, FL 32763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Rodolfo Gari 5501 W. Gray St. Tampa, FL. 33609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HOOVER, ROBERT 661 EAST ALTAMONTE DR #210 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO mike Doyle 5501 W. Gray St. Tampa. FL. 33609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JOSEPH, BRIAN 147 E. LYMAN AVE WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR O'NEAL, SEAN 200 STATION WAY #D ARROYO GRANDE, CA 93420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ Mike Doyle 4/23/08 813 569-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #