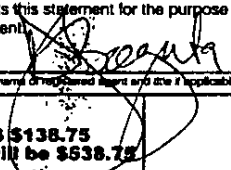
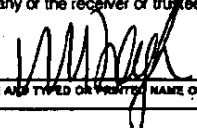


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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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 2450 MATLAND CENTER PKWY STE 100 MATLAND, FL 32751			Mailing Address 2450 MATLAND CENTER PKWY STE 100 MATLAND, 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	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, DRM 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  (NOTE: Registered Agent signature is required when reissuing) DATE					
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 OCOCHEE, 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			
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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:  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 #					

00010113



04172008 Chg-LLC CR2E083 (12/06)