

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024538

FILED
Aug 22, 2006
Secretary of State

Entity Name: MILLENIA SURGERY CENTER, L.L.C.

Current Principal Place of Business:

4901 S VINELAND RD
SUITE 150
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4901 S VINELAND RD
SUITE 150
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 56-2384725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BAZATA, JOHN
827 OAK RIDGE ROAD
ORLANDO, FL 32809 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: MGR () Delete
Name: ONEAL, SEAN
Address: 200 STATION WAY, SUITE D
City-St-Zip: ARROYO GRANDE, CA 93420

Title: CEO () Delete
Name: BAZATA, JOHN DR
Address: 827 OAKRIDGE RAOD
City-St-Zip: ORLANDO, FL 32809

Title: VP () Delete
Name: FUNK, JOSEPH DR
Address: 100 W GORE ST #500
City-St-Zip: ORLANDO, FL 32806

Title: T () Delete
Name: LOMBARDO, MARK DR
Address: 1151 BLACKWOOD AVE, SUITE 120
City-St-Zip: OCOEE, FL 34761

Title: S () Delete
Name: MILIONE, VINCENT DR
Address: 6001 VINELAND RD #112
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: LOMBARDO, MARK DR
Address: 1151 BLACKWOOD AVE., SUITE 120
City-St-Zip: OCOEE, FL 34761

Title: MD (X) Change () Addition
Name: FADHLI, OMAR DR
Address: 720 WEST OAK ST. , SUITE 101
City-St-Zip: KISSIMMEE, FL 34741

Title: T (X) Change () Addition
Name: POTHAMSETTY, SRI DR
Address: 1507 S. HIAWASSEE RD.
City-St-Zip: ORLANDO, FL 32835

Title: COO (X) Change () Addition
Name: FROHWEIN, DANIEL DR
Address: 6068 APOPKA VINELAND RD.
City-St-Zip: ORLANDO, FL 32819

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: MARK LOMBARDO, DPM

CEO

08/22/2006

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