2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 21, 2006
Secretary of State

DOCUMENT# L03000042589

Entity Name: HALLANDALE SURGICAL CENTER, LLC

Current Principal Place of Business:

815 SE 1ST AVE.
HALLANDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5450 S. STATE RD. 7, STE. #8
FORT LAUDERDALE, FL 33314

New Mailing Address:

815 SE 1ST AVE
HALLANDALE, FL 33009

FEI Number: 01-0801777 **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:

GREENWALD, DR. BRETT
5450 S. STATE RD. 7, STE. #8
FORT LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

GREENWALD, DR. BRETT
815 SE 1ST AVE
HALLANDALE, FL 33009 US

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: 06/21/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GREENWALD, DR. BRETT
Address: 5450 S. STATE ROAD 7, STE. 8
City-St-Zip: FT LAUDERDALE, FL 33314

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GREENWALD, DR. BRETT
Address: 815 SE 1ST AVE
City-St-Zip: HALLANDALE, FL 33009

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: BRETT GREENWALD P 06/21/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date