

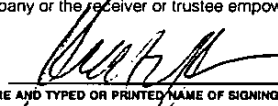


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 FEB 18 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000042921</b>					
<b>1. Entity Name</b> CITRUS SURGERY CENTER PHYSICIANS REALTY LIMITED LIABILITY COMPANY					
<b>Principal Place of Business</b> ONE HARBOUR PLACE 777 S. HARBOUR ISLAND BLVD. TAMPA, FL 33602			<b>Mailing Address</b> ONE HARBOUR PLACE 777 S. HARBOUR ISLAND BLVD. TAMPA, FL 33602		
<b>2. Principal Place of Business</b> 210 N. Franklin Street		<b>3. Mailing Address</b> P. O. Box 3324			
Suite, Apt. #, etc. Suite 2200		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL			
Zip 33602	Country Hillsborough	Zip 33601	Country Hillsborough		
<b>4. FEI Number</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  NONE			<b>7. Name and Address of New Registered Agent</b> Name Michael J. Nolan Street Address (P.O. Box Number is Not Acceptable) 201 N. Franklin Street Suite 2200 City Tampa FL Zip Code 33602		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Managing Partner Michael J. Nolan 201 N. Franklin Street, Suite 2200 Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000046929010 02/21/05--01027--012 ***100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> 			Managing Member		(813) 273-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #