2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

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Entity Name: CITRUS SURGERY CENTER PHYSICIANS REALTY LIMITED LIABILITY COMPANY

Current Principal Place of Business:

210 N. FRANKLIN ST., SUITE 2200
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3324
TAMPA, FL 33601

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLAN, MICHAEL J
201 N. FRANKLIN ST., SUITE 2200
TAMPA, FL 33602 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: MGRM ( ) Delete
Name: NOLAN, MICHAEL J
Address: 201 N. FRANKLIN ST., SUITE 2200
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

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

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: MICHAEL J NOLAN MGRM 04/27/2006

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