

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043554

FILED
Jul 01, 2004
Secretary of State

Entity Name: AMBULATORY SURGICAL SOLUTIONS, LLC

Current Principal Place of Business:

2424 NORTH FEDERAL HWY
SUITE 456
BOCA RATON, FL 33431 US

New Principal Place of Business:

1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 US

Current Mailing Address:

2424 NORTH FEDERAL HWY
SUITE 456
BOCA RATON, FL 33431 US

New Mailing Address:

1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 US

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

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
2424 NORTH FEDERAL HWY
SUITE 456
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

MENKHAUS, DAVID J
1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 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: DAVID J. MENKHAUS

07/01/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MENKHAUS, DAVID J
Address: 2424 NORTH FEDERAL HWY, SUITE 456
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR () Delete
Name: SHARPE, THOMAS L
Address: 2424 NORTH FEDERAL HWY, SUITE 456
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MENKHAUS, DAVID J
Address: 1900 GLADES ROAD, SUITE 401
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR (X) Change () Addition
Name: SHARPE, THOMAS L
Address: 1900 GLADES ROAD, SUITE 401
City-St-Zip: BOCA RATON, FL 33431 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID J. MENKHAUS

MGR

07/01/2004

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