

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90048 010 ****50.00

DOCUMENT # L03000043554

1. Entity Name
AMBULATORY SURGICAL SOLUTIONS, LLC



Principal Place of Business

**1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 US**

Mailing Address

**1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 US**

DO NOT WRITE IN THIS SPACE



04042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
32-0138368

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MENKHAUS, DAVID J 1900 GLADES ROAD, SUITE 401 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHARPE, THOMAS L 1900 GLADES ROAD, SUITE 401 BOCA RATON, FL 33431
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #