2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000043554

1. Entity Name
AMBULATORY SURGICAL SOLUTIONS, LLC

Principal Place of Business	Mailing Address
1900 GLADES ROAD SUITE 401 BOCA RATON, FL 33431 US	1900 GLADES ROAD SUITE 401 BOCA RATON, FL 33431 US

DO NOT WRITE IN THIS SPACE

02292008 No Chg-LLC CR2E083 (12/07)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000865458
04/07/08-80029-015 138.75

9. MANAGING MEMBERS/MANAGERS

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

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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] David J. Menkhaus 3/18/08 561-394-7910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #