

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046609

FILED
Jan 06, 2004
Secretary of State

Entity Name: COUNTY LINE SURGERY CENTER LLC

Current Principal Place of Business:

18124 EDGEWOOD DRIVE
SPRING HILL, FL 34610

New Principal Place of Business:

18124 EDGEWOOD DRIVE
SPRING HILL, FL 34610 US

Current Mailing Address:

18124 EDGEWOOD DRIVE
SPRING HILL, FL 34610

New Mailing Address:

FEI Number: 51-0489692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAM DAVIS, JAMES
18124 EDGEWOOD DRIVE
SPRING HILL, FL 34610 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/MEMBERS:

Title: MGR () Delete
Name: WILLIAM DAVIS, JAMES
Address: 18124 EDGEWOOD DRIVE
City-St-Zip: SPRING HILL, FL 34610

Title: MGR () Delete
Name: DAVIS, DAVID C III
Address: 18124 EDGEWOOD DRIVE
City-St-Zip: SPRING HILL, FL 34610

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAM DAVIS, JAMES
Address: 18124 EDGEWOOD DRIVE
City-St-Zip: SPRING HILL, FL 34610 US

Title: MGR (X) Change () Addition
Name: DAVIS, DAVID C III
Address: 18124 EDGEWOOD DRIVE
City-St-Zip: SPRING HILL, FL 34610 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 C. DAVIS, III

MGR

01/06/2004

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