2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2006
Secretary of State

DOCUMENT# L03000051326

Entity Name: MIRAMAR AMBULATORY SURGICAL CENTER, LLC

Current Principal Place of Business:

9400 S. DADELAND BLVD, STE. 600
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9400 S. DADELAND BLVD, STE. 600
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-0610653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHASE, ALAN R ESQ
9400 S. DADELAND BLVD, STE. 600
MIAMI, FL 33156 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:	P	( ) Delete
Name:	ROSABAL, ORESTES	
Address:	7100 WEST 20 AVENUE #101	
City-St-Zip:	HIALEAH, FL 33016	
Title:	VP	( ) Delete
Name:	EASTERLING, KENNETH	
Address:	7100 WEST 20 AVENUE #101	
City-St-Zip:	HIALEAH, FL 33016	
Title:	S	( ) Delete
Name:	DIAZ, TONY	
Address:	7100 WEST 20 AVENUE #101	
City-St-Zip:	HIALEAH, FL 33016	
Title:	T	( ) Delete
Name:	HAND, TIM	
Address:	605 STATE STREET	
City-St-Zip:	AUGUSTA, KS 67010	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: TIM HAND T 06/30/2006

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