


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

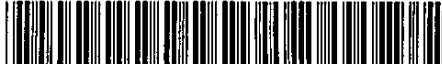
02-19-2007 90195 035 ****50.00

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| DOCUMENT # L04000012392 |  |
| 1. Entity Name BAY AREA PHYSICIAN'S SURGERY CENTER, LLC | |

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| Principal Place of Business 500 VONDERBURG DR, STE 201E BRANDON FL 33511 | Mailing Address 500 VONDERBURG DR, STE 201E BRANDON FL 33511 |
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| 2. Principal Place of Business - No P.O. Box # 6043 Winthrop Commerce Ave Suite, Apt. #, etc. | 3. Mailing Address 6043 Winthrop Commerce Suite, Apt. #, etc. |
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| City & State Riverview FL | City & State Riverview FL |
| Zip 33569 | Country USA |

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| 1st MOORE | CR2E083 (10/06) |
| 4. FEI Number 20-0731481 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

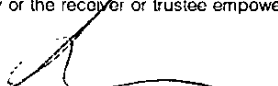
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| 6. Name and Address of Current Registered Agent MILLER, MICHAEL D 601 BAYSHORE BLVD, STE 700 TAMPA FL 33606 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City FL Zip Code | |

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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 |

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| FILE NOW!!! FEE IS \$50.00 | |
| Make Check Payable to Florida Department of State | |
| Due By May 1, 2007 | |

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ALVER, JAMES E M.D. 500 VONDERBURG DR, STE 201E BRANDON FL 33511 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Alver, James E M.D. 6043 Winthrop Commerce Ave Riverview, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  | Date 2/5/07 (813) 699-1200 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | |