

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000012392</b>	
1. Entity Name <b>BAY AREA PHYSICIAN'S SURGERY CENTER, LLC</b>	
Principal Place of Business <b>6043 WINTHROP COMMERCE AVE RIVERVIEW, FL 33569</b>	Mailing Address <b>6043 WINTHROP COMMERCE AVE RIVERVIEW, FL 33569</b>
<b>DO NOT WRITE IN THIS SPACE</b>	



01312008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-0731481</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MILLER, MICHAEL D 601 BAYSHORE BLVD, STE 700 TAMPA, FL 33606</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALVER, JAMES E M.D. 6043 WINTHROP COMMERCE AVE RIVERVIEW, FL 33569
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U00000822988  
02/20/08-80020-013 138.75

**DO NOT WRITE  
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 #