2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L04000032706

Entity Name: NATURE COAST REGIONAL SURGERY CENTER, L.L.C.

Current Principal Place of Business:

1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 69
PERRY, FL 32348

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: MM ( ) Delete
Name: SHUGAR, JOEL K
Address: PO BOX 69
City-St-Zip: PERRY, FL 32348 US

ADDITIONS/CHANGES:

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: DR. JOEL K. SHUGAR MM 04/28/2006

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