

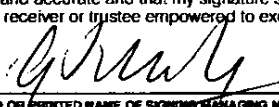


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90103 030 \*\*\*\*50.00

<b>DOCUMENT # L04000037106</b> 1. Entity Name <b>SURGICAL ASSOCIATES OF NORTH FLORIDA, LLC</b>					
Principal Place of Business 2460 OLD MOULTRIE ROAD, SUITE 3 ST. AUGUSTINE, FL 32086			Mailing Address P.O. BOX 3127 ST. AUGUSTINE, FL 32085-3127		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEL Number <b>20-1163763</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLICK, JAMES J 112 LAKE AVENUE ORLANDO, FL 32801				Name <b>George E Sadowski</b> Street Address (P.O. Box Number is Not Acceptable) <b>2460 Old Moultrie Rd</b> <b>Suite 3</b> City <b>St. Augustine</b> <b>FL</b> Zip Code <b>32086</b>	
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  <small>Signature, typed or printed name of registered agent and title is applicable.</small>				DATE <b>2/2/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>George Sadowski</b> <b>PO 3127 St Augustine, FL 32085</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify 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 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 <b>2/2/05</b> Daytime Phone # <b>904.797.6627</b>	