2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043542

Entity Name: SOUTH BROWARD SURGICAL GROUP, LLC

FILED Jan 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

603 N. FLAMINGO RD. 601 N. FLAMINGO RD.

SUITE 258 SUITE 211

PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028

Current Mailing Address: New Mailing Address:

603 N. FLAMINGO RD. PO BOX 260939 PEMBROKE PINES, FL 33028

FEI Number: 20-1224718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LICKO, CAROL HOGAN AND HARTSON, LLP, 1111 BRICKEL AVE. SUITE 1900 MIAMI, FL 33131 US

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: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SEREDA, DEXTER
 Name:

 Address:
 3160 SW 117TH AVE
 Address:

 City-St-Zip:
 DAVIE, FL 33330 US
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: PIDHORECKY, IHOR Name: PIDHORECKY, IHOR

Address: 111 S.E. 8TH AVE., UNIT 705 Address: 411 N NEW RIVER DRIVE EAST #3004 City-St-Zip: FT. LAUDERDALE, FL 33301 US FT. LAUDERDALE, FL 33301 US

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: DEXTER C SEREDA MGRM 01/10/2006