

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048310

FILED
Apr 10, 2005
Secretary of State

Entity Name: GULFSTREAM AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

3000 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

1460 N. UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

Current Mailing Address:

3000 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Mailing Address:

1460 N. UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

FEI Number: 20-1315098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY L
54 N.E. FOURTH AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

KROLL, JEFFREY
3000 N UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 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: JEFFREY KROLL

04/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: KROLL, JEFFREY J
Address: 3971 NW 101 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFFREY KROLL

MGRM

04/10/2005

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