

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050625

FILED
Apr 25, 2006
Secretary of State

Entity Name: WEST PARK SURGERY CENTER, L.L.C.

Current Principal Place of Business:

6662 78TH AVENUE NORTH
PINELLAS PARK, FL 33775

New Principal Place of Business:

Current Mailing Address:

PO BOX 7048
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 26-0092101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET STE. 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

FRIEDMAN, CHARLES K
P O BOX 7048
SEMINOLE, FL 33775 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: CHARLES K. FRIEDMAN

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRIEDMAN, CHARLES K
Address: P.O. BOX 7048
City-St-Zip: SEMINOLE, FL 33775

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: CHARLES K. FRIEDMAN

MGR

04/25/2006

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