2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050625

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

FILED May 02, 2007 Secretary of State

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

6662 78TH AVENUE NORTH 6640 78TH AVENUE NORTH PINELLAS PARK, FL 33775

STE B

PINELLAS PARK, FL 33775

Current Mailing Address: New Mailing Address:

PO BOX 7048 PO BOX 1128

PINELLAS PARK, FL 33780 SEMINOLE, FL 33775

FEI Number: 26-0092101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

FRIEDMAN, CHARLES K FRIEDMAN, CHARLES K P O BOX 7048 6640 78TH AVE N

SEMINOLE, FL 33775 US STE B

PINELLAS PARK, FL 33781 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 05/02/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete Title: () Change () Addition

FRIEDMAN, CHARLES K Name: Name: Address: P.O. BOX 7048 Address: City-St-Zip: SEMINOLE, FL 33775 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 05/02/2007