


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90025 034 ****50.00

DOCUMENT # L04000051295 1. Entity Name ADVANCED SURGICAL CENTER, LLC					
Principal Place of Business 3200 S UNIVERSITY DRIVE SUITE 4372 DAVIE, FL 33328 -- US			Mailing Address 3200 S UNIVERSITY DRIVE SUITE 4372 DAVIE, FL 33328 -- US		
2. Principal Place of Business 201 N. Pine Island Road Suite, Apt. #, etc.		3. Mailing Address 3111 N. University Drive Suite, Apt. #, etc. 720			
City & State Plantation, Florida		City & State Coral Springs, Florida		4. FEI Number 20-1365693	
Zip 33324	Country US	Zip 33065	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ABAE, MICK 3200 S UNIVERSITY DR SUITE 4372 DAVIE, FL 33328				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABAE, MICK 3200 S UNIVERSITY DR, SUITE 4372 DAVIE, FL 33328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 N. Pine Island Road Plantation, Florida 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> Delete		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: / M ABAE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Dr. Mick Abae Date 4/8/05 Daytime Phone # 954-584-2273		