


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000051295 1. Entity Name ADVANCED SURGICAL CENTER, LLC	
--	---

Principal Place of Business 201 N PINE ISLAND RD FORT LAUDERDALE, FL 33324 US	Mailing Address 3111 N UNIVERSITY DR 720 POMPANO BEACH, FL 33065 US
---	--



01162006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1365693	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  ABAE, MICK 201 N PINE ISLAND RD FORT LAUDERDALE, FL 33324
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ABAE, MICK 201 N PINE ISLAND RD FORT LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000531467  
05/06/06-80039-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mick ABAE Mick ABAE 4/20/06 954-584-2273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #