ور با مد 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # L04000051295 1. Entity Name ADVANCED SURGICAL CENTER, LLC				08	3 JUN -2	PM 4:5	0		
Principal Plac	e of Business	Mailing Address		\dashv					
201 N PINE		3111 N UNIVERSITY DR							
FORT LAUDERDALE, FL 33324 US 720 POMPANO BEACH, FL 3300									
		FOMFANO DEACH, FE S	3003 03					11) III IBII	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State Coral Springs, F1		4. FEI Numbe 20-1365		··· /1.		plied For	
Zip Country		Zip Country				S	5.00 Add	t Applicable	
		33065	US	5. Certificate	of Status Desired		ee Required		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent					
ABAE, MIC	CK		Name						
201 N PINE ISLAND RD FORT LAUDERDALE, FL 33324			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Code	9	
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or regis	tered agent, or both	n, in the State of Fl	orida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and the deposition (NOTE:	Registered Agent signature requi		,	DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			configuration called at all contracts and a	100 minori (00 minori)		Unic			
FILE After May	: NOWill FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	5				e check pay a Departmen		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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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: Mach Mick Abae

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE