2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055562

FILED Jan 19, 2007 Secretary of State

Entity Name: NORTH PINELLAS SURGERY CENTER HOLDING COMPANY, LLC

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

2323 CURLEW ROAD, BLDG. 5

DUNEDIN, FL 34698

2323 CURLEW ROAD, BLDG. 5

DUNEDIN, FL 34698

US

Current Mailing Address: New Mailing Address:

2323 CURLEW ROAD, BLDG. 5
DUNEDIN, FL 34698

2323 CURLEW ROAD, BLDG. 5
DUNEDIN, FL 34698
US

FEI Number: 59-3585728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BENNETT, NANCY A
2323 CURLEW ROAD, BLDG. 5
DUNEDIN, FL 34698 US

WEIGLE, DEBORAH A
2323 CURLEW ROAD, BLDG. 5
DUNEDIN, FL 34698 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: DEBORAH A WEIGLE 01/19/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title:MGR () DeleteTitle:MGR (X) Change () AdditionName:STECKLER, ERIC MDName:AHN, JOHN DOAddress:2323 CURLEW ROAD, BLDG 5Address:2323 CURLEW ROAD, BLDG 5

City-St-Zip: DUNEDIN, FL 34698 US City-St-Zip: DUNEDIN, FL 34698 US

Title: () Delete Title: DR () Change (X) Addition Name: GOYAL, ANOOP MD

Address: Address: 21323 CURLEW ROAD, BLDG 5
City-St-Zip: DUNEDIN, FL 34698 US

Title: () Delete Title: DR () Change (X) Addition

 Name:
 Name:
 ZEITLIN, LAURENCE MD

 Address:
 Address:
 2323 CURLEW ROAD

 City-St-Zip:
 City-St-Zip:
 DUNEDIN, FL 34698 US

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: JOHN AHN DO MGR 01/19/2007