2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# L04000060457

Entity Name: SOUTHEASTERN OUT PATIENT SURGERY CENTER, LLC

Current Principal Place of Business:

2030 FLEISHMANN ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2030 FLEISHMANN ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-1379958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REID, VICTORIA
1467 MILLSTREAM ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

REID, VICTORIA
2030 FLEISCHMANN ROAD
TALLAHASSEE, FL 32308 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: VICTORIA REID 03/08/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: REID, VICTORIA
Address: 1467 MILLSTREAM ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: REID, VICTORIA
Address: 2030 FLEISCHMANN ROAD
City-St-Zip: TALLAHASSEE, FL 32308

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: VICTORIA REID MRS 03/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date