

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064641

FILED
Jan 10, 2007
Secretary of State

Entity Name: SOUTHPOINT SURGERY CENTER, L.L.C.

Current Principal Place of Business:

1235 SAN MARCO #301
JACKSONVILLE, FL 32207

New Principal Place of Business:

7051 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216

Current Mailing Address:

1235 SAN MARCO #301
JACKSONVILLE, FL 32207

New Mailing Address:

7051 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216

FEI Number: 20-3579196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICOLITZ, ERNST
1431 CADDELL DRIVE
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

NICOLITZ, ERNST
1235 SAN MARCO BLVD. #301
JACKSONVILLE, FL 32207 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: _____

01/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NICOLITZ, ERNST M.D.
Address: 1235 SAN MARCO #301
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NICOLITZ, ERNST M.D.
Address: 7051 SOUTHPOINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

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: ERNST NICOLITZ

MD

01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date