

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068453

FILED
Apr 13, 2006
Secretary of State

Entity Name: THE SURGERY CENTER OF JACKSONVILLE, LLC

Current Principal Place of Business:

5081 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

13400 SUTTON PARK DRIVE SOUTH
SUITE 1301
JACKSONVILLE, FL 32224 US

Current Mailing Address:

5081 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210 US

New Mailing Address:

13400 SUTTON PARK DRIVE SOUTH
SUITE 1301
JACKSONVILLE, FL 32224 US

FEI Number: 20-1609582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, DONALD G
5081 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WARD, DONALD G
Address: 5081 ORTEGA FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONALD WARD

MGR

04/13/2006

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