

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000068453

FILED
Nov 20, 2006
Secretary of State**Entity Name:** THE SURGERY CENTER OF JACKSONVILLE, LLC**Current Principal Place of Business:**13400 SUTTON PARK DRIVE SOUTH
SUITE 1301
JACKSONVILLE, FL 32224 US**New Principal Place of Business:****Current Mailing Address:**13400 SUTTON PARK DRIVE SOUTH
SUITE 1301
JACKSONVILLE, FL 32224 US**New Mailing Address:****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:**ROBERTS, CHRISTOPHER
13400 SUTTON PARK DRIVE SOUTH
SUITE 1301
JACKSONVILLE, FL 32224 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: CHRISTOPHER ROBERTS

11/20/2006

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:** MGR (X) Change () Addition
Name: ROBERTS, CHRISTOPHER
Address: 13400 SUTTON PARK DRIVE SOUTH, SUITE 1301
City-St-Zip: JACKSONVILLE, FL 32224

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: CHRISTOPHER ROBERTS

MGR

11/20/2006

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