2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068453

Entity Name: THE SURGERY CENTER OF JACKSONVILLE, LLC

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
10475 CENTURION PARKWAY NORTH SUITE 201				10475 CENTURION PARKWAY NORTH SUITE 101		
JACKSONVILLE, FL 32256 US				JACKSONVILLE, FL 32256 US		
Current Mailing Address:				New Mailing Address:		
10475 CENTURION PARKWAY NORTH SUITE 201 JACKSONVILLE, FL 32256 US				10475 CENTURION PARKWAY NORTH SUITE 101 JACKSONVILLE, FL 32256 US		
FEI Number:		FEI Number Applied For()	FEI Nun	nber Not Appl	,	
Name and	Address of C	urrent Registered Agent:			Address of New Registered Agent:	
ROBERTS 10475 CEN SUITE 201 JACKSON	, CHRISTOPHI ITURION PARI VILLE, FL 3225 named entity s	ER KWAY NORTH 56 US	irpose o		its registered office or registered agent, or both	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Agen	nt		Date	
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MADDERN, BRU	ON PARKWAY NORTH, SUITE 201		Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition MADDERN, BRUCE R 10475 CENTURION PARKWAY NORTH, SUITE 302 JACKSONVILLE, FL 32256 US	
Title: Name: Address: City-St-Zip:	VINCENTY, CLA	ON PARKWAY NORTH, SUITE 201		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DESHMUKH, RA	ON PARKWAY NORTH, SUITE 201		Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition DESHMUKH, RAHUL 10475 CENTURION PARKWAY NORTH, SUITE 220 JACKSONVILLE, FL 32256 US	
Title: Name: Address: City-St-Zip:	ROBERTS, CHR	ON PARKWAY NORTH, SUITE 201		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CAREY, JOHN E	ON PARKWAY NORTH, SUITE 201		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MONTERO, PAU	ON PARKWAY NORTH, SUITE 201		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: JAIME MARINI MGMR 01/08/2008