

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069257

FILED
Feb 01, 2005
Secretary of State

Entity Name: CELEBRATION SURGERY CENTER LLC

Current Principal Place of Business:

400 CELEBRATION PLACE ADMIN DEPT.
CELEBRATION, FL 34747

New Principal Place of Business:

410 CELEBRATION PLACE
4TH FLOOR
CELEBRATION, FL 34747

Current Mailing Address:

400 CELEBRATION PLACE - ADMIN DEPT.
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-2110088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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/MEMBERS:

Title: MGR () Delete
Name: JOHNS, RICHARD W
Address: 111 N. ORANGE AVENUE, SUITE 1800
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANWER, M. BADER M.D.
Address: 720 W. OAK STREET, #114
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR () Change (X) Addition
Name: FADHLI, OMAR M.D.
Address: 720 W. OAK STREET, #101
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR () Change (X) Addition
Name: RUBIN, JERRY A M.D.
Address: 5191 ISLEWORTH COUNTRY CLUB DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Change (X) Addition
Name: STILTZ, BRYAN
Address: 400 CELEBRATION PLACE, ADMIN. DEPT.
City-St-Zip: CELEBRATION, FL 34747

Title: MGR () Change (X) Addition
Name: UHRAN, TERRY
Address: 400 CELEBRATION PLACE, ADMIN. DEPT.
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JERRY A. RUBIN, MD

MGR

02/01/2005

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