

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069257

FILED
Jul 11, 2008
Secretary of State

Entity Name: CELEBRATION SURGERY CENTER LLC

Current Principal Place of Business:

410 CELEBRATION PLACE
4TH FLOOR
CELEBRATION, FL 34747

New Principal Place of Business:

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALCOBER, DAVID
410 CELEBRATION PLACE
4TH FLOOR
CELEBRATION, FL 34747 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ATKINS, JAMES MD
Address: 312 ACADIA LANE
City-St-Zip: CELEBRATION, FL 34747

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

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

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

Title: MGR () Delete
Name: HANZIK, ANDREW MD
Address: 317 ACADIA LANE
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

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

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

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

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

Title: MGR (X) Change () Addition
Name: HANZLIK, ANDREW MD
Address: 317 ACADIA LANE
City-St-Zip: CELEBRATION, FL 34747

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: BRYAN STILTZ

MGR

07/11/2008

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