

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072771

FILED
Jan 10, 2006
Secretary of State

Entity Name: PEDIATRIC SURGERY CENTERS, LLC

Current Principal Place of Business:

10080 BALAYE RUN DRIVE
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

10080 BALAYE RUN DRIVE
TAMPA, FL 33619

New Mailing Address:

FEI Number: 20-1711553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOBBS, ROBERT L
250 MIRROR LAKE DRIVE
ST. PETERSBURG, FL 33701 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: ANDREWS, THOMAS M MD
Address: 2171 OCEANVIEW DRIVE
City-St-Zip: TIERRA VERDE, FL 33715

Title: MGR () Delete
Name: CRESSMAN, WADE R MD
Address: 103 BAY POINT DRIVE NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGR () Delete
Name: OROBELLO, PETER W JR MD
Address: 2131 OCEANVIEW DRIVE
City-St-Zip: TIERRA VERDE, FL 33715

Title: MGR () Delete
Name: VAUGHN, GLENN V MD
Address: 1800 NORTHSHORE DRIVE N.E.
City-St-Zip: ST. PETERSBURG, FL 33704

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:

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: THOMAS ANDREWS

DR.

01/10/2006

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