2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT # L04000082597

1. Entity Name
SURGICAL SERVICES OF WEST FLORIDA, L.L.C.

Principal Place of Business	Mailing Address
5741 BEE RIDGE ROAD #590 SARASOTA, FL 34233-5064	P.O. BOX 25036 SARASOTA, FL 34277

DO NOT WRITE IN THIS SPACE

03012006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
61-1479039
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESQ
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SHORTT, JAMES D MD
STREET ADDRESS	5741 BEE RIDGE SUITE 590
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	MGRM
NAME	SHORTT, LESLIE A
STREET ADDRESS	5741 BEE RIDGE SUITE 590
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	MGR
NAME	SHORTT, JAMES D
STREET ADDRESS	5741 BEE RIDGE SUITE 590
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: X [signature] LESLIE A SHORTT 3/29/06 (941)955-1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #