

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090085

FILED
Mar 17, 2007
Secretary of State

Entity Name: CAPE CORAL AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

6981 LAKE DEVONWOOD DRIVE
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

6981 LAKE DEVONWOOD DRIVE
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 20-2001489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, BRUCE D
1520 ROYAL PALM SQUARE BLVD., STE. 320
FORT MYERS, FL 33919 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: KAGAN, ELIZABETH P
Address: 6981 LAKE DEVONWOOD DR
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

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: ELIZABETH P KAGAN

MGR

03/17/2007

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