2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# L05000043338

Entity Name: AMBULARTORY CARE AFFILIATES OF FLORIDA, LLC

Current Principal Place of Business:

1336 WEST FLETCHER AVE
TAMPA, FL 33612

New Principal Place of Business:

6525 WEST CAMPUS OVAL
SUITE 150
NEW ALBANY, OH 43054

Current Mailing Address:

1875 TAMARACK CIRCLE
COLUMBUS, OH 43229

New Mailing Address:

6525 WEST CAMPUS OVAL
SUITE 150
NEW ALBANY, OH 43054

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

MINCEY, DON
1336 WEST FLETCHER AVE
TAMPA, FL 33612 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: MGRM ( ) Delete
Name: COPPEL, LEWIS WM JR
Address: 1875 TAMARACK CIRCLE
City-St-Zip: COLUMBUS, OH 43229

Title: MGRM (X) Delete
Name: DIIULLO, NINO
Address: 1875 TAMARACK CIRCLE
City-St-Zip: COLUMBUS, OH 43229

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: AMBULATORY CARE AFFI, LIATES, LTD
Address: 6525 WEST CAMPUS OVAL, SUITE 150
City-St-Zip: NEW ALBANY, OH 43054

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: ALAN A AYERS MGMR 07/06/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date