

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044741

FILED  
Jul 07, 2006  
Secretary of State

**Entity Name:** FLEMING ISLAND SURGERY CENTER, LLC

**Current Principal Place of Business:**

1605 KINGSLEY AVENUE  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

1680-A EAGLE HARBOR PARKWAY  
ORANGE PARK, FL 32003

**Current Mailing Address:**

1605 KINGSLEY AVENUE  
ORANGE PARK, FL 32073

**New Mailing Address:**

1680-A EAGLE HARBOR PARKWAY  
ORANGE PARK, FL 32003

FEI Number: 20-2874196      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:**

POWERS, ROBERT R JR  
1605 KINGSLEY AVENUE  
ORANGE PARK, FL 32073      US

**Name and Address of New Registered Agent:**

POWERS, ROBERT R JR  
1680-A EAGLE HARBOR PARKWAY  
ORANGE PARK, FL 32003      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:

07/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: POWERS, ROBERT R JR  
Address: 1605 KINGSLEY AVENUE  
City-St-Zip: ORANGE PARK, FL 32073

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PMGR      (X) Change ( ) Addition  
Name: POWERS, ROBERT R JR  
Address: 1680-A EAGLE HARBOR PARKWAY  
City-St-Zip: ORANGE PARK, FL 32003

Title: VP      ( ) Change (X) Addition  
Name: STANKARD, CHARLES MD  
Address: 1680-A EAGLE HARBOR PARKWAY  
City-St-Zip: ORANGE PARK, FL 32003

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: ROBERT ROLAND POWERS, JR.

MGR

07/07/2006

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