

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050662

FILED
Apr 28, 2006
Secretary of State

Entity Name: PALM COAST SURGERY CENTER, LLC

Current Principal Place of Business:

28 OLD KINGS ROAD
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

28 OLD KINGS ROAD
PALM COAST, FL 32137

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LANG, THOMAS K
1836 EAGLE TRACE BLVD.
PALM HARBOR, FL 34685 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: ALSON, ALFRED L
Address: 28 OLD KINGS ROAD
City-St-Zip: PALM COAST, FL 32137

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: ALFRED ALSON

MGR

04/28/2006

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