2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065235

FILED May 04, 2006 Secretary of State

Entity Name: LAPAROSCOPIC & LASER SURGERY CENTER OF CENTRAL FLORIDA, LLC

Current Principal Place of Business: New Principal Place of Business:

250 NORTH ALAFAYA TRAIL 7359 CURRY FORD RD #110 ORLANDO, FL 32822

ORLANDO, FL 32828

Current Mailing Address: New Mailing Address:

1714 MORGANS MILL CIRCLE 7359 CURRY FORD RD ORLANDO, FL 32825 ORLANDO, FL 32822

FEI Number: 01-0839016 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: Name and Address of New Registered Agent:

BAIG, AJMAL A

1714 MORGANS MILL CIRCLE

ORLANDO, FL 32825 US

BAIG, AJMAL A

7359 CURRY FORD RD

ORLANDO, FL 32822 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: AJMAL BAIG 05/04/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 BAIG, AJMAL A
 Name:
 BAIG, AJMAL A

 Address:
 1714 MORGANS MILL CIRCLE
 Address:
 7359 CURRY FORD RD

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:
 ORLANDO, FL 32822

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: AJMAL BAIG SM 05/04/2006