
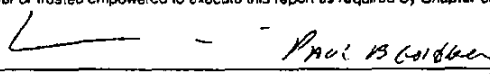


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-17-2006 90048 029 ****50.00

DOCUMENT # L05000089929 1. Entity Name THE SURGERY CENTRE, L.L.C.					
Principal Place of Business 1070 NORTH STONE STREET STE D DELAND, FL 32720			Mailing Address 1070 NORTH STONE STREET STE D DELAND, FL 32720		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3501091	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FULBRIGHT, ROB 701 WEST PLYMOUTH AVENUE DELAND, FL 32720				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when appointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR GOLDBERG, PAUL B M.D. 1070 NORTH STONE STREET SUITE D DELAND, FL 32720	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR FULLBRIGHT, ROB 701 WEST PLYMOUTH AVENUE DELAND, FL 32720	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR PATEL, BHARATKUMAR C M.D. 1070 NORTH STONE STREET SUITE D DELAND, FL 32720	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR PRADO, MARTIN GINO F M.D. 1070 NORTH STONE STREET SUITE D DELAND, FL 32720	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  Paul B. Goldberg Date 4/13/06 Daytime Phone 385 822 7410					

30007543



04112006 Chg-LLC CR2E083 (11/05)



ATTACHMENT

30007543

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2006

THE SURGERY CENTRE, L.L.C.
1070 NORTH STONE STREET STE D
DELAND, FL 32720

Subject: **THE SURGERY CENTRE, L.L.C.**

Reference Number: **L05000089929**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/mh

ANNUAL REPORTS SECTION

Per Lee Livers - Div of Corp. said to return with list of Managers. Fee has been received and posted. ftradd 5/5/06 @ 10:25 am.