


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000089929 1. Entity Name THE SURGERY CENTRE, L.L.C.	
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Principal Place of Business 1070 NORTH STONE STREET STE D DELAND, FL 32720	Mailing Address 1070 NORTH STONE STREET STE D DELAND, FL 32720
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DO NOT WRITE IN THIS SPACE



01082007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3501091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FULBRIGHT, ROB 701 WEST PLYMOUTH AVENUE DELAND, FL 32720

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reelecting) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000708711
04/24/07-80125-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDBERG, PAUL B MD 1070 NORTH STONE STREET SUITE D DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FULLBRIGHT, ROB 701 WEST PLYMOUTH AVENUE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, BHARATKUMAR C MD 1070 NORTH STONE STREET SUITE D DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRADO, MARTIN GINO F MD 1070 NORTH STONE STREET SUITE D DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/9/07 386 822 9410
Date Daytime Phone #

Paul B. Goldberg, m.d.