



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90033 023 \*\*\*\*50.00

<b>DOCUMENT # L05000093356</b> 1. Entity Name <b>SURGERY PARTNERS HOLDINGS, LLC</b>					
Principal Place of Business <b>4728 NORTH HABANA AVENUE STE 303 TAMPA, FL 33614</b>			Mailing Address <b>4728 NORTH HABANA AVENUE STE 303 TAMPA, FL 33614</b>		
2. Principal Place of Business <b>4726 N. Habana Ave</b> Suite, Apt. #, etc. <b>Suite 204</b> City & State <b>Tampa FL</b> Zip <b>33614</b>		3. Mailing Address <b>4726 N. Habana Ave</b> Suite, Apt. #, etc. <b>Suite 204</b> City & State <b>Tampa, FL</b> Zip <b>33614</b>		04252006 Chg-LLC CR2E083 (11/05) 	
4. FEI Number <b>20-3576175</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>AMERICAN INFORMATION SERVICES, INC. 401 EAST JACKSON STREET STE 1700 TAMPA, FL 33602</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 <u>Joseph Rugg</u> DATE <u>4/25/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Row]			CEO <b>Rodolfo Gari</b> <b>4726 N. Habana Ave Suite 204</b> <b>Tampa, FL 33614</b>		
[Empty Row]			CFO <b>Scott Lowe</b> <b>4726 N. Habana Ave Suite 204</b> <b>Tampa, FL 33614</b>		
[Empty Row]			COO <b>Mike Doyle</b> <b>4726 N. Habana Ave Suite 204</b> <b>Tampa, FL 33614</b>		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
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: <u>Scott Lowe</u> DATE <u>4/25/06</u> DAYTIME PHONE # <u>(813) 569-6500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					