

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90353 040 ****55.00

DOCUMENT # L05000097238	
1. Entity Name PACE AMBULATORY SURGERY CENTER, LLC	

Principal Place of Business 5151 NORTH NINTH AVE. PENSACOLA, FL 32504	Mailing Address 5151 NORTH NINTH AVE. PENSACOLA, FL 32504
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20015135

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3743461	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent EMMANUEL, KAREN O 5151 NORTH NINTH AVE. PENSACOLA, FL 32504
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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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition

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: *Karen O. Emanuel* Karen O. Emanuel, General Counsel 03/06/2006 850.416.6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**PACE Ambulatory Surgery Center
Physician Participants as of 02/10/06**

ATTACHMENT
20015135
#L05000097238

General/Vascular Surgery

Pam Schurman, D.O.
4498 Highway 90
Pace, FL 32571
Phone: 850-994-2771 - Linda
Fax: 850-994-2832

Fernando Kafie, M.D.
5147 N. 9th Avenue, Suite G01
Pensacola, FL 32504
Phone: 850-969-1491 - Debbie
Fax: 850-969-1443

Pain Management (contact Kathy Petuchov)

Craig Cartia, M.D.
Aaron Stein, M.D. Cary X237 is Dr. Stein's scheduler
Pain Management
510 Corday Street
Pensacola, FL 32503
Phone: 850-969-9804
Fax: 850-475-2143

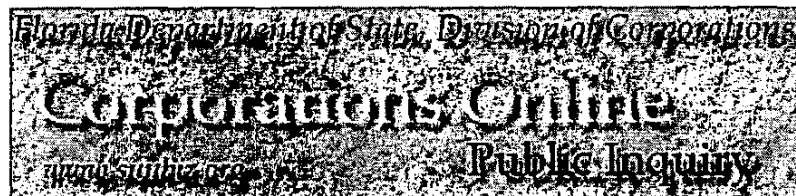
Orthopedics

Mark Caylor, M.D. (contact Tammy)
Barry Lurate, M.D. (contact Marynell) X203
Jason Marshall, M.D. (contact Jennifer)
Pensacola Orthopedics
5147 N. 9th Avenue, #322
Pensacola, FL 32504
Phone: 850-474-9995
Back Line: 850-474-9776
Fax: 850-477-6021

Joseph Dennie, M.D. (contact Mrs. Dennie) or Terri
2441 N. 9th Avenue, Suite B
Pensacola, FL 32503
Phone: 850-434-5770
Fax: 850-438-4999

Ear, Nose and Throat (Contact Mary)

Michael Rinaldi, D.O.
5992 Berryhill Road, Suite 205
Milton, FL 32570
Phone: 850-983-7778 - Brandi
Fax: 850-983-7785



ATTACHMENT

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Florida Limited Liability

PACE AMBULATORY SURGERY CENTER, LLC

PRINCIPAL ADDRESS
5151 NORTH NINTH AVE.
PENSACOLA FL 32504

MAILING ADDRESS
5151 NORTH NINTH AVE.
PENSACOLA FL 32504

Document Number
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FEI Number
NONE

Date Filed
10/03/2005

State
FL

Status
ACTIVE

Effective Date
NONE

Total Contribution
0.00

Registered Agent

Name & Address
EMMANUEL, KAREN O 5151 NORTH NINTH AVE. PENSACOLA FL 32504

Manager/Member Detail

Name & Address	Title
NONE	

Annual Reports

Report Year	Filed Date
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ATTACHMENT

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No Events
No Name History Information

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