2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90034 023 ****50.00

DOCUMENT # L05000107158

1. Entity Name
ORANGE CITY SURGERY CENTER, LLC

60042378

04162007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
241 LIVE OAK LANE ALTAMONTE SPRINGS, FL 32714	241 LIVE OAK LANE ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
305 E. New York Avenue	305 E. New York Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeLand, FL	City & State: DeLand, FL
Zip: 32724 Country: USA	Zip: 32724 Country: USA

4. FEI Number: 59-3831266 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAH, SARITA 241 LIVE OAK LANE ALTAMONTE SPRINGS, FL 32714	Name: Thomas Kropp Street Address (P.O. Box Number is Not Acceptable): 305 E. New York Avenue City: DeLand FL Zip Code: 32724

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 _____ 4-24-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHAH, SARITA 241 LIVE OAK LN ALTAMONTE SPRINGS, FL 32714	☒ 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	MGR SHAH, DEVANG 963 Town Center Dr. Orange City, FL 32763	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KROPP, THOMAS 305 E. NEW YORK AVE. DELAND, FL 32724	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CORDERO, ROBERT 305 E. NEW YORK AVE. DELAND, FL 32724	☐ Change ☒ Addition
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

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: _____ 4-24-07 (386) 734-2931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #