2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# L05000118494

Entity Name: SOUTHPOINT SURGICAL CENTER MANAGEMENT GROUP, L.C.

Current Principal Place of Business:

1431 CADDEL DRIVE
JACKSONVILLE, FL 32217

New Principal Place of Business:

7051 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216

Current Mailing Address:

1431 CADDEL DRIVE
JACKSONVILLE, FL 32217

New Mailing Address:

7051 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BREW & HARPER
6817 SOUTHPOINT PARKWAY, SUITE 1804
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NICOLITZ, ERNEST M.D.
Address: 1431 CADDEL DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERNST NICOLITZ, M.D. MGR 07/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date