


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90009 002 \*\*\*\*50.00

<b>DOCUMENT # L06000020975</b>	
1. Entity Name ST AUGUSTINE SURGERY CENTER, L.L.C.	

Principal Place of Business % ASCOA 124 WASHINGTON ST., STE. 4 NORWELL, MA 02061	Mailing Address % ASCOA 124 WASHINGTON ST., STE. 4 NORWELL, MA 02061
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 204455176	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEPASQUALE, KALPINA M.D. 1301 PLANTATION ISLAND DR., UNIT 401 ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EPSTEIN, HOWARD M.D. 2460 OLD MOULTRIE RD., STE. 5 ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OKTAVEC, WILLIAM M.D. 301 HEALTH PARK BLVD., STE. 110 ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANESCU, ELENA M.D. 105 SOUTH PARK BLVD., STE. C-300 ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINEAU, BEN M.D. 301 HEALTH PARK BLVD., STE 110 ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VASSALLO, JOHN M.D. 3780 US 1 SOUTH ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Ben C. Pineau  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/11/07 9048231447  
Date Daytime Phone #