


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90119 026 \*\*\*143.75

<b>DOCUMENT # L06000077571</b> 1. Entity Name <b>SURGERY CENTER BUILDING PARTNERSHIP, L.C.</b>					
Principal Place of Business <b>2631-B NW 41ST STREET GAINESVILLE, FL 32606</b>			Mailing Address <b>2631-B NW 41ST STREET GAINESVILLE, FL 32606</b>		
2. Principal Place of Business - No P.O. Box # <b>6717 NW 11th Place</b>		3. Mailing Address <b>6717 NW 11th Place</b>			
Suite, Apt. #, etc. <b>Suite A</b>		Suite, Apt. #, etc. <b>Suite A</b>			
City & State <b>Gainesville, Florida</b>		City & State <b>Gainesville, Florida</b>			
Zip <b>32605</b>		Country <b>USA</b>		Zip <b>32605</b>	
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>Downey, Kevin I 2631-B NW 41ST STREET GAINESVILLE, FL 32606</b>			7. Name and Address of New Registered Agent Name <b>Annette Egan</b> Street Address (P.O. Box Number is Not Acceptable) <b>6717 NW 11th Place</b> Suite A City <b>Gainesville</b> <b>FL</b> Zip Code <b>32605</b>		
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>Annette Egan - Office Manager</u> DATE <u>1-24-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when (re)stating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>SNODGRASS, GREGORY D</b> <b>708 EAST UNIVERSITY AVE</b> <b>GAINESVILLE, FL 32601</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Catlin, Jeffrey R M.D.</b> <b>6717 NW 11th Place, Suite A</b> <b>Gainesville, FL 32605</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>BALCH, KYLE MD</b> <b>6717 NJW 11TH PL STE A</b> <b>GAINESVILLE, FL 32605</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>1/30/08</u> <small>Date</small>		
<small>Daytime Phone #</small>					

60006101



01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-5385440**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required