

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106017

FILED
Jan 10, 2007
Secretary of State

Entity Name: SURGERY CENTER OF KEY WEST, LLC

Current Principal Place of Business:

3136 NORTHSIDE DR. SUITE 1
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

3136 NORTHSIDE DR. SUITE 1
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-5854803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MAURER, PAUL
Address: 3708 N. ROOSEVELT BLVD.
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: LARRAURI, JUAN
Address: 3136 NORTHSIDE DR. SUITE 1
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: SMITH, RHONDA
Address: 3136 NORTHSIDE DR. SUITE 1
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL MAUER

MGRN

01/10/2007

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