2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# L06000106017

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: MGRM (X) Change ( ) Addition
Name: SMITH, RHODA
Address: 3136 NORTHSIDE DR. SUITE 1
City-St-Zip: KEY WEST, FL 33040

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: JUAN M. LARRAURI MGRM 01/15/2008

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