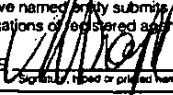
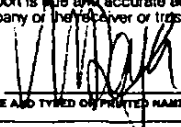


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-01-2008 90019 030 ***138.75

DOCUMENT # L07000056910 1. Entity Name SURGERY PARTNERS OF MILLENIA, LLC					
Principal Place of Business 5501 WEST GRAY STREET TAMPA, FL 33609			Mailing Address 5501 WEST GRAY STREET TAMPA, FL 33609		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0240398	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 renewing) DATE: _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	CEO Gari, Rodolfo 5501 W. Gray St Tampa, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	COO Doyle, Mike 5501 W. Gray St. Tampa, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: _____ Daytime Phone #: _____					

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04172008 Chg-LLC CR2E083 (12/06)