2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L07000114937

Entity Name: REGENCY MONUMENT SURGERY CENTER, LLC

Current Principal Place of Business:

1675 EAGLE HARBOR PKWY
STE A
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

1675 EAGLE HARBOR PKWY
STE A
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 75-3260035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD
STE 504
JACKSONVILLE, FL 32216 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: MUYRES, WILLIAM J
Address: 1675 EAGLE HARBOR PARKWAY
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM ( ) Change (X) Addition
Name: RODAS, OSCAR E
Address: 1205 MONUMENT ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM ( ) Change (X) Addition
Name: MORRELL, ALVARO F
Address: 1205 MONUMENT ROAD
City-St-Zip: JACKSONVILLE, FL 32225

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: ALVARO F. MORRELL MGRM 04/25/2008

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