


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90010 034 ****50.00

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1. Entity Name
 2096 EAST OCEAN BOULEVARD, L.C.



Principal Place of Business
 2096 SOUTHEAST OCEAN BLVD.
 STUART, FL 34996

Mailing Address
 31 SE HARBOR POINT DR.
 STUART, FL 34996

20001791

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



01122007 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
 65-0841296

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARATTA, ROBERT O II
 31 SE HARBOR POINT DR.
 STUART, FL 34996

Name Baratta Robert O.
 Street Address (P.O. Box Number is Not Acceptable) 31 SE Harbor Point Dr.
 City Stuart FL Zip Code 34996

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 Robert O. Baratta (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME SURGERY CENTER OF STUART, INC.
 STREET ADDRESS 31 SE HARBOR POINT DR.
 CITY-ST-ZIP STUART, FL-34996

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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: Robert O. Baratta Date 1/12/07 Daytime Phone #