

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003205

FILED
Apr 28, 2006
Secretary of State

Entity Name: ORTHOPAEDIC SURGERY CENTER, L.L.C.

Current Principal Place of Business:

4500 W NEWBERRY ROAD
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4500 W NEWBERRY ROAD
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3549374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, FRED F ESQ.
101 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
SUITE 115
JACKSONVILLE, FL 32204 US

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: CHRISTOPHER L. NULAND

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLAKE, W. PRESTON M.D.
Address: 4500 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM () Delete
Name: BUSH, CLINTON G III
Address: 4500 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM () Delete
Name: JAFFE, EDWARD M M.D.
Address: 4500 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM () Delete
Name: KENNEDY, KIPP W M.D.
Address: 4500 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM () Delete
Name: LANE, TIMOTHY M.D.
Address: 4500 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM () Delete
Name: PARR, PHILLIP L M.D.
Address: 4500 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ROCCA, ANDREW F
Address: 4500 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

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

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: MICHAEL A. ANDERSON

CFO

04/28/2006

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