

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90032 011 ****50.00

DOCUMENT # L98000003205 1. Entity Name ORTHOPAEDIC SURGERY CENTER, L.L.C.					
Principal Place of Business 4500 W NEWBERRY ROAD GAINESVILLE, FL 32607			Mailing Address 4500 W NEWBERRY ROAD GAINESVILLE, FL 32607		
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	04242007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 59-3549374				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NULAND, CHRISTOPHER L 1000 RIVERSIDE AVENUE SUITE 115 JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;"><small>DATE</small></div>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAKE, W. PRESTON M.D. 4500 W NEWBERRY ROAD GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROCCA, ANDREW F 4500 W NEWBERRY ROAD GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAFFE, EDWARD M.M.D. 4500 W NEWBERRY ROAD GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, KIPP W.M.D. 4500 W NEWBERRY ROAD GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANE, TIMOTHY M.D. 4500 W NEWBERRY ROAD GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARR, PHILLIP L.M.D. 4500 W NEWBERRY ROAD GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <i>CFO</i>			Date: <u>4/24/07</u> Daytime Phone: <u>352-367-2301</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

ATTACHMENT

60040040

Attachment to 2007 Limited Liability Company Uniform Business Report (UBR)

Entity Name: Orthopaedic Surgery Center, L.L.C. (Document #: L98000003205)

In addition to the Managing Members / Managers listed in Box 9, listed below are the names of all other Managing Members and Managers:

Title MGRM
Name Slattery, James B.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Petty, Mark A.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Kabeer, Adil
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Sharkey, Arthur M.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Maxey, Amanda G.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Powell, Rodger D.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Stevenson, John C.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Waters, J. Stephen
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Ellis, Frank D.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607
Title MGR - CEO

Title MGRM
Name Trimble, Troy D.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607
Title MGR - CEO

Title MGRM
Name Rosenberg, Jason J.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGR - CEO
Name Brill, Eric J.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGR - CFO
Name Anderson, Michael A.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607