2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000003205

1. Entity Name

ORTHOPAEDIC SURGERY CENTER, L.L.C.



Principal Place of Business

dusiness Mailing Address

4500 W NEWBERRY ROAD GAINESVILLE, FL 32607

4500 W NEWBERRY ROAD GAINESVILLE, FL 32607

FILED May 15, 2008 8:00 am Secretary of State

05-15-2008 90081 003 ***138.75



DO NOT WRITE IN THIS SPACE

04252008No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For 59-3549374 Not Applicable

5. Certificate of Status Desired Status Des

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
MANAGING MEMBERS/MANAGERS	
MGRM BLAKE, W. PRESTON M.D. 4500 W NEWBERRY ROAD GAINESVILLE, FL 32607	
MGRM ROCCA, ANDREW F 4500 W NEWBERRY ROAD GAINESVILLE, FL 32607	
MGRM JAFFE, EDWARD M M.D. 4500 W NEWBERY ROAD GAINESVILLE, FL 32607	
MGRM KENNEDY, KIPP W M.D. 4500 W NEWBERRY ROAD GAINESVILLE, FL 32607	
MGRM LANE, TIMOTHY M.D. 4500 W NEWBERRY ROAD GAINESVILLE, FL 32607	
MGRM PARR, PHILLIP L M.D. 4500 W NEWBERRY ROAD GAINESVILLE, FL 32607 Pertify that the information supplied with this filing does not quality for the ex-	

DO NOT WRITE IN THIS SPACE

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 PICKTED JONES OF SIGNING MANAGING

· , cFo

FG G MEMBER, OR AUTHORIZED REPRESENTATIVE

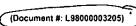
4/25/08

352-367-2301

Daytime Phone #

Attachment to 2008 Limited Liability Company Uniform Business Report (UBR)

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



ATTACHMENT

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 Gainesville, FL 32607 City-St-Zip

Title Name MGRM 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

Maxey, Amanda G. Name 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 Gainesville, FL 32607 City-St-Zip

Title

MGRM

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

Title Name

MGRM Ellis, Frank D. Street Address 4500 Newberry Road

City-St-Zip

Gainesville, FL 32607 MGR - CEO

Title

Title Name MGRM

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 Name MGR - CEO 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 600 41698