2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# L99000002242

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

Current Principal Place of Business:

12731 NEW BRITTANY BOULEVARD
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 61199
FORT MYERS, FL 339061199

New Mailing Address:

FEI Number: 65-0913259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANTZ, JONATHAN M M.D.
12731 NEW BRITTANY BOULEVARD
FORT MYERS, FL 33907 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/MEMBERS:

Title: MGRM ( ) Delete
Name: SUNCOAST SURGERY CEN, TER, INC.
Address: 12731 NEW BRITTANY BOULEVARD
City-St-Zip: FORT MYERS, FL 33907

Title: MGR ( ) Delete
Name: FRANTZ, JONATHAN M MD
Address: 12731 NEW BRITTANY BOULEVARD
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: JONATHAN M. FRANTZ MD MGR 04/14/2005

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