

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005327

FILED
May 01, 2006
Secretary of State

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

Current Principal Place of Business:

402 JEFFORDS STREET
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1011 JEFFORDS STREET,
STE C
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3594816 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GASSMAN, ALAN S ESQUIRE
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ABDO, RICHARD
Address: 1011 JEFFORDS STREET SUITE C
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM () Delete
Name: HUGHES, W. ALLLEN
Address: 430 MORTON PLANT ST. STE 409
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM () Delete
Name: KILGORE, JOHN E
Address: 430 MORTON PLANT ST. STE 301
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM () Delete
Name: PIAZZA, MICHAEL R
Address: 1011 JEFFORDS STREET, SUITE C
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM () Delete
Name: VLAHOS, THEODORE P
Address: 31581 US 19 NORTH, STE 101
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM () Delete
Name: MOSKOVITZ, GARY
Address: 380 PARK PLACE BLVD STE 150
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: NAN J. GERBER

MRS

05/01/2006

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