

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005327

FILED
Jan 25, 2007
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:

402 JEFFORDS STREET,
CLEARWATER, FL 33756

FEI Number: 59-3594816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQUIRE
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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/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: MGRM (X) Change () Addition
Name: HUGHES, W. ALLLEN
Address: 1011 JEFFORDS STREET, SUITE C
City-St-Zip: CLEARWATER, FL 33756

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 R. PIZZA

MGRM

01/25/2007

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