2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# M00000000044

Entity Name: LAPAROSCOPIC CENTER OF SOUTH FLORIDA, L.L.C.

Current Principal Place of Business:

ONE HEALTHSOUTH PARKWAY
BIRMINGHAM, AL 35243

New Principal Place of Business:

3660 GRANDVIEW PARKWAY
SUITE 200
BIRMINGHAM, AL 35243

Current Mailing Address:

P.O. BOX 380546
BIRMINGHAM, AL 35238

New Mailing Address:

FEI Number: 63-1239798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PHYSICIANS PRACTICE, MANAGEMENT COR P ORATION
Address: ONE HEALTHSOUTH PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PHYSICIANS PRACTICE, MANAGEMENT COR P ORATION
Address: 3660 GRANDVIEW PARKWAY, SUITE 200
City-St-Zip: BIRMINGHAM, AL 35243

I hereby certify that the information supplied with this filing does not qualify 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: DONNA M. LECKY AS 04/30/2008

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