

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002329

FILED
May 17, 2005
Secretary of State

Entity Name: AMBULATORY CARE CENTERS OF AMERICA, LLC

Current Principal Place of Business:

200 31ST AVENUE NORTH
NASHVILLE, TN 37203

New Principal Place of Business:

4205 HILLSBORO PIKE
SUITE 314
NASHVILLE, TN 37215

Current Mailing Address:

200 31ST AVENUE NORTH
NASHVILLE, TN 37203

New Mailing Address:

4205 HILLSBORO PIKE
SUITE 314
NASHVILLE, TN 37215

FEI Number: 39-1964361 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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: HUI, TOMMY P
Address: 1483 CAMPUS DRIVE
City-St-Zip: BERKELEY, CA 94708

Title: MGRM () Delete
Name: RIEGLE, W. SCOTT
Address: 200 31ST AVENUE NORTH
City-St-Zip: NASHVILLE, TN 37203

Title: MGRM () Delete
Name: SCOTT, H. THOMAS
Address: 200 31ST AVENUE NORTH
City-St-Zip: NASHVILLE, TN 37203

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: RIEGLE, W. SCOTT
Address: 4205 HILLSBORO PIKE, SUITE 314
City-St-Zip: NASHVILLE, TN 37215

Title: MGRM (X) Change () Addition
Name: SCOTT, H. THOMAS
Address: 4205 HILLSBORO PIKE, SUITE 314
City-St-Zip: NASHVILLE, TN 37215

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: H. THOMAS SCOTT

PTR

05/17/2005

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