

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002329

FILED
Mar 02, 2007
Secretary of State

Entity Name: AMBULATORY CARE CENTERS OF AMERICA, LLC

Current Principal Place of Business:

4205 HILLSBORO PIKE
SUITE 314
NASHVILLE, TN 37215

New Principal Place of Business:

Current Mailing Address:

4205 HILLSBORO PIKE
SUITE 314
NASHVILLE, TN 37215

New Mailing Address:

FEI Number: 39-1964361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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/MANAGERS:

Title: MGRM () Delete
Name: SCOTT, H. THOMAS
Address: 1200 BLUE SPRING RD
City-St-Zip: FRANKLIN, TN 37069

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

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 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: H. TOM SCOTT

MGRM

03/02/2007

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