


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90204 050 ****50.00

DOCUMENT # M04000005702 1. Entity Name SOUTH COUNTY OUTPATIENT SURGERY, L.L.C.					
Principal Place of Business 16244 S. MILITARY TRAIL DELRAY BEACH, FL 33484			Mailing Address 16244 S. MILITARY TRAIL DELRAY BEACH, FL 33484		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 27-0133073	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SURGICAL DEVELOPMENT SERVICES, INC 1471 CADES BAY JUPITER, FL 33458				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTHCHILD, ERIC J DR. 16244 S. MILITARY TRAIL DELRAY BEACH, FL 33484			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

[Signature] 3/8/06 561-445-2811

Date Daytime Phone #