

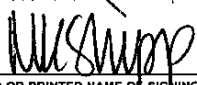


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90038 008 ****50.00

DOCUMENT # M05000000077 1. Entity Name PUTNAM AMBULATORY SURGERY CENTER, LLC							
Principal Place of Business 103 POWELL COURT, SUITE 200 BRENTWOOD, TN 37027			Mailing Address 103 POWELL COURT, SUITE 200 BRENTWOOD, TN 37027				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01112006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-2082396 <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
City & State		City & State					
Zip	Country	Zip	Country				
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 PUTNAM COMMUNITY MEDICAL CENTER, LLC 103 POWELL COURT, SUITE 200 BRENTWOOD, TN 37027 <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	See Attachment <input type="checkbox"/> Change <input checked="" 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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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			
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: 			04-19-06		615-372-8500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #		

ATTACHMENT

20042993

MO5000000077

PUTNAM AMBULATORY SURGERY CENTER, LLC

103 Powell Court, Suite 200

Brentwood, Tennessee 37027

FEIN: 20-2082396

MANAGERS:

Thomas M. Weiss, President

William F. Carpenter III, Executive Vice President and Secretary

Michael J. Culotta, Chief Financial Officer

William M. Gracey, Chief Operations Officer

R. Scott Raplee, Senior Vice President

Thomas H. Butler, Jr., Vice President

Gary D. Willis, Vice President

William E. Hoffman, Jr., Vice President

W. Vail Willis, Vice President

Christopher J. Monte, Vice President

Mary Kim E. Shipp, Assistant Secretary

ADDRESS FOR ABOVE NAMED MANAGERS:

103 Powell Court, Suite 200

Brentwood, TN 37027



April 28, 2006

VIA OVERNIGHT MAIL

Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Putnam Ambulatory Surgery Center, LLC
2006 Limited Liability Company Annual Report**

Dear Sir or Madam:

Enclosed is the 2006 Annual Report for the above referenced company together with a check in the amount of \$50.00 to cover the filing fee.

Thank you for your assistance with this filing.

Sincerely,



Gail H. McKinnon
Paralegal

Enclosures