

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000002895

1. Entity Name  
MEDICAL PARTNERS, LLC



**FILED**  
**May 16, 2006 8:00 A.M.**  
**Secretary of State**

Principal Place of Business  
ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM, AL 35243

Mailing Address  
ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM, AL 35243



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282006

Chg-LLC

CR2E083 (11/05)

06

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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  
NSC JACKSONVILLE, INC.  
ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM, AL 35243 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
700075647877  
06/01/06--01039--001 \*\*26900.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SURGICAL CARE AFFILIATES, INC.  
ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM, AL 35243 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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☐ Delete

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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:

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

Date

Daytime Phone #