

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005856

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA AMBULATORY CENTERS, LLC

**Current Principal Place of Business:**

483 N. SEMORAN BLVD  
SUITE 204  
WINTER PARK, FL 32792

**New Principal Place of Business:**

483 N. SEMORAN BLVD  
SUITE 205  
WINTER PARK, FL 32792

**Current Mailing Address:**

483 N. SEMORAN BLVD  
SUITE 204  
WINTER PARK, FL 32792

**New Mailing Address:**

483 N. SEMORAN BLVD  
SUITE 205  
WINTER PARK, FL 32792

**FEI Number:** 20-3638258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIRWAN, ADAM O  
4700 MILLENIA BLVD. SUITE 175  
ORLANDO, FL 32839 US

**Name and Address of New Registered Agent:**

KIRWAN, ADAM O  
390 N. ORANGE AVE  
SUITE 2300  
ORLANDO, FL 32801 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HEALTH CARE SERVICES, OF FLORIDA, L L C  
Address: 483 N. SEMORAN BLVD, SUITE 204  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HEALTH CARE SERVICES, OF FLORIDA, L L C  
Address: 483 N. SEMORAN BLVD, SUITE 205  
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify 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: DARRELL BENGGE

CFO

04/30/2008

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