2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

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Entity Name: FLORIDA AMBULATORY CENTERS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
390 N. ORANGE AVE
SUITE 2300
ORLANDO, FL 32801 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: MGR
Name: HEALTH CARE SERVICES OF FLORIDA, LLC
Address: 483 N. SEMORAN BLVD, SUITE 205
City-St-Zip: WINTER PARK, FL 32792

I hereby 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 Statues.

SIGNATURE: DARRELL BENGE CFO 04/29/2010

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