

FILED
Jan 23, 2006 08:00 AM
Secretary of State

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M98000001020 1. Entity Name OAKRIDGE AMBULATORY SURGERY, LLC	
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Principal Place of Business 1000 N.E. 56TH STREET FT. LAUDERDALE, FL 33334	Mailing Address 1000 N.E. 56TH STREET FT. LAUDERDALE, FL 33334
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D1062006 No Chg-LLC

CR2E063 (11/05)

4. FEI Number 65-0859218	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$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

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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 _____
If signature, type or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required with a change of status.)

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM INGLIS, RICHARD K ESQ 2455 SUNRISE BLVD STE 320 FORT LAUDERDALE, FL 33304
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01/31/06 80028-023 50.00**

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: Richard K Inglis, Managing Member 1/9/06 9545651977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Mo./Phone #