

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065235

FILED  
Mar 25, 2010  
Secretary of State

**Entity Name:** LAPAROSCOPIC & LASER SURGERY CENTER OF CENTRAL FLORIDA,LLC

**Current Principal Place of Business:**

7359 CURRY FORD RD  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

7359 CURRY FORD RD  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number: 01-0839016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAIG, AJMAL A  
7359 CURRY FORD RD  
ORLANDO, FL 32822 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: MGMR  
Name: BAIG, AJMAL A  
Address: 7359 CURRY FORD RD  
City-St-Zip: ORLANDO, FL 32822

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 Statutes.

SIGNATURE: AJMAL BAIG

MGMR

03/25/2010

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