

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90055 006 ****55.00

DOCUMENT # L06000019305
 1 Entity Name
 BARDMOOR SURGERY CENTER LLC



Principal Place of Business Mailing Address
 % JOHN COURIS % JOHN COURIS
 8787 BRYAN DAIRY ROAD 8787 BRYAN DAIRY ROAD
 LARGO FL 33777 LARGO FL 33777

60054195



2 Principal Place of Business No P.O. Box # 3 Mailing Address
 % DONNA ST LOUIS % DONNA ST LOUIS
 Suite Apt # etc Suite Apt # etc
 8787 Bryan Dairy Rd 8452 118th Ave N
 City & State City & State
 Largo, FL Largo, FL
 Zip: Zip:
 33777 33773 Country Country

07182007 Chg LLC CR2E0B3 (12/06)

4 FEI Number Applied For
 20 4385452 Not Applicable
 5 Certificate of Status Desired \$5.00 Additional Fee Required

6 Name and Address of Current Registered Agent
 KENNEDY JAMES J III ESO
 BUCHANAN INGERSOLL PC
 401 EAST JACKSON STREET STE 2500
 TAMPA FL 33602

7 Name and Address of New Registered Agent
 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 _____ (NCE Required Agent Signature) DATE _____

Filing Fee is \$50.00
 Due by September 14, 2007

Make check payable to
 Florida Department of State

9 MANAGING MEMBERS / MANAGERS				10 ADDITIONS / CHANGES			
TITLE	UP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONNA ST LOUIS			NAME			
STREET ADDRESS	DONNA ST LOUIS			STREET ADDRESS			
CITY ST ZIP	8452 118th Ave N			CITY ST ZIP			
	LARGO FL 33773						
TITLE	DIRECTOR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NANCY BURDON			NAME			
STREET ADDRESS	8452 118th Ave N			STREET ADDRESS			
CITY ST ZIP	LARGO, FL 33773			CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			

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 I 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 Donna St Louis 7/27/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #