

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093036

FILED
Jan 19, 2007
Secretary of State**Entity Name:** GLOBAL SURGICAL PARTNERS OF SARASOTA, L.L.C.**Current Principal Place of Business:**3059 GRAND AVENUE, SUITE 300
MIAMI, FL 33133**New Principal Place of Business:****Current Mailing Address:**3059 GRAND AVENUE, SUITE 300
MIAMI, FL 33133**New Mailing Address:****FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ZISKIND & ARVIN, P.A.
3059 GRAND AVENUE, SUITE 300
MIAMI, FL 33133 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:** MGRM () Delete
Name: ZISKIND, J A ESQ.
Address: 3059 GRAND AVENUE, SUITE 300
City-St-Zip: MIAMI, FL 33133**Title:** MGRM () Delete
Name: ARVIN, KENNETH I ESQ.
Address: 3059 GRAND AVENUE, SUITE 300
City-St-Zip: MIAMI, FL 33133**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: J.A. ZISKIND MGRM 01/19/2007

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