

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045719

FILED  
Jan 30, 2008  
Secretary of State

Entity Name: DESTIN SURGICAL PARTNERS, L.L.C.

**Current Principal Place of Business:**

4485 FURLING LANE  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

4485 FURLING LANE  
DESTIN, FL 32541 US

**New Mailing Address:**

FEI Number: 20-8960641      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HELMICH, KEVIN M ESQUIRE  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541 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 ( ) Delete  
Name: BATTISTE, WESLEY E  
Address: 4485 FURLING LANE  
City-St-Zip: DESTIN, FL 32541 US

Title: MGR ( ) Delete  
Name: BURDEN, WILLIAM R  
Address: 4485 FURLING LANE  
City-St-Zip: DESTIN, FL 32541 US

Title: MGR ( ) Delete  
Name: ENNIS, LAWRENCE S  
Address: 4485 FURLING LANE  
City-St-Zip: DESTIN, FL 32541 US

Title: MGR ( ) Delete  
Name: MOODY, JAMES A  
Address: 415 MOUNTAIN DRIVE  
City-St-Zip: DESTIN, FL 32541 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: WESLEY E. BATTISTE

MGR

01/30/2008

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