

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045719

FILED  
Apr 11, 2011  
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:**

KEVIN M. HELMICH, P.A.  
4405 COMMOMS DRIVE EAST, SUITE 102  
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  
Name: BATTISTE, WESLEY E  
Address: 4485 FURLING LANE  
City-St-Zip: DESTIN, FL 32541 US

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

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

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

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: WESLEY E. BATTISTE

MGR

04/11/2011

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