

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064099

FILED
Apr 15, 2009
Secretary of State

Entity Name: NU-CRETE SURGEONS LLC

Current Principal Place of Business:

7089 VIA FIRENZE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7089 VIA FIRENZE
BOCA RATON, FL 33433

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:

GRANER & HEIMOVICS, P.A.
399 W. PALMETTO PARK ROAD
SUITE 100
BOCA RATON, FL 33432 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: LAVIN, CHRISTOPHER
Address: 7089 VIA FIRENZE
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM () Delete
Name: MEJIA, JAIME
Address: 4468 NW 64TH STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGMR () Delete
Name: ISSAN, DAVID
Address: 9582 SHEPHARD PLACE
City-St-Zip: WELLINGTON, FL 33414

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:

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: CHRISTOPHER LAVIN MGMR 04/15/2009

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