

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032976

FILED
Jan 09, 2009
Secretary of State

Entity Name: WEST COAST SURGICAL ASSOCIATES, P.L.

Current Principal Place of Business:

7515 STATE ROAD 52, SUITE 102
HUDSON, FL 34667

New Principal Place of Business:

11373 CORTEZ BLVE
201
BROOKSVILLE, FL 34613 US

Current Mailing Address:

7515 STATE ROAD 52, SUITE 102
HUDSON, FL 34667

New Mailing Address:

11373 CORTEZ BLVE
201
BROOKSVILLE, FL 34613 US

FEI Number: 20-2619521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PIDURU, MALLIK A MD
7515 STATE ROAD 52, SUITE 102
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

PIDURU, MALLIK A MD
11373 CORTEZ BLVD.
201
BROOKSVILLE, FL 34613 US

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: MALLIK A PIDURU M.D.

01/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PIDURU, PALMER & AL', KAJAJI, PL
Address: 7515 STATE RD 52 SUITE 102
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIDURU, PALMER & AL', KAJAJI, PL
Address: 11373 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

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: MALLIK A. PIDURU M.D.

MGR

01/09/2009

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