

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000045719

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

**Current Principal Place of Business:**

4485 FURLING LANE  
DESTIN, FL 32541

**Current Mailing Address:**

4485 FURLING LANE  
DESTIN, FL 32541 US

**FEI Number: 20-8960641**

**Certificate of Status Desired: No**

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

KEVIN M. HELMICH, P.A.  
4405 COMMOMS DRIVE EAST, SUITE 102  
DESTIN, FL 32541 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BATTISTE, WESLEY E  
Address 4485 FURLING LANE  
City-State-Zip: DESTIN FL 32541

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

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

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

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: WESLEY E. BATTISTE**

**MANAGER**

**02/22/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date