

2014 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WESLEY E. BATTISTE

MANAGER

01/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date