

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003186

FILED
Jan 13, 2009
Secretary of State

Entity Name: MEDICAL SPECIALTY PROCEDURES L.C.

Current Principal Place of Business:

1355 37TH STREET
SUITE 304
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1355 37TH STREET
SUITE 304
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 65-1114182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLTON, REBECCA B
3055 CARDINAL DR STE 303
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

COLTON, REBECCA B
1575 INDIAN RIVER BLVD.
SUITE C240
VERO BEACH, FL 32960 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: MICHELE MUTCHLER, R.N.

01/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WERNICKI, PETER M.D.
Address: 1355 37TH STREET, SUITE 304
City-St-Zip: VERO BEACH, FL 32960

Title: MGR () Delete
Name: BENJAMIN, JOHNNY MD
Address: 1355 37TH ST. SUITE 304
City-St-Zip: VERO BEACH, FL 32960

Title: MGR () Delete
Name: SARBAK, JOHN MD
Address: 955 37TH PL
City-St-Zip: VENUS, FL 33960

Title: MGR () Delete
Name: PAUL, DEREK MD
Address: 777 37TH ST STE D-108
City-St-Zip: VERO BEACH, FL 32960

Title: MGR () Delete
Name: FALLEY, M CHRISTOPHER
Address: 1355 37TH ST STE 304
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SARBAK, JOHN MD
Address: 3735 11TH CIRCLE, SUITE 203
City-St-Zip: VERO BEACH, FL 32960

Title: MGR (X) Change () Addition
Name: PAUL, DEREK MD
Address: 1850 37TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: MGR (X) Change () Addition
Name: TALLEY, M CHRISTOPHER
Address: 1355 37TH ST STE 304
City-St-Zip: VERO BEACH, FL 32960

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: MICHELE MUTCHLER, ADMINISTRATOR

ADM

01/13/2009

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