

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000744

FILED
Apr 08, 2007
Secretary of State

Entity Name: HAND AND PERIPHERAL NERVE SPECIALISTS, P.L.

Current Principal Place of Business:

8940 N. KENDALL DRIVE #904 E
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 43-0942
MIAMI, FL 33243

New Mailing Address:

FEI Number: 65-0673357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN A.I. GROSSMAN, M.D., F.A.C.S., P.A.
8940 N. KENDALL DRIVE #904 E
MIAMI, FL 33176 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: GROSSMAN, JOHN A
Address: 8940 N. KENDALL DRIVE -SUITE 904E
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN A I GROSSMAN

DR

04/08/2007

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