2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# L01000001940

Entity Name: AFFILIATED GENERAL SURGEONS, L.L.C.

Current Principal Place of Business:

1143 NW 64TH TERRACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

1143 NW 64TH TERRACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 30-0058378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDONALD, ANTHONY P
1143 NW 64TH TERRACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

SARANTOS, PETER MD
1143 NW 64TH TERRACE
GAINESVILLE, FL 32605 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: PETER SARANTOS 01/03/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	PICKENS, BRIAN MD	
Address:	10412 SW 49TH LANE	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	MGRM	( ) Delete
Name:	MCDONALD, ANTHONY P MD	
Address:	1945 N.W. 30TH TERRACE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	MGRM	( ) Delete
Name:	SARANTOS, PETER M.D.	
Address:	15213 N.W. 41ST AVENUE	
City-St-Zip:	NEWBERRY, FL 32669	
Title:	MGRM	( ) Delete
Name:	THOBURN, ERIC MD	
Address:	4205 S.W. 91ST DRIVE	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	MGRM	( ) Delete
Name:	DETURRIS, STANLEY MD	
Address:	1820 SW 86TH TERRACE	
City-St-Zip:	GAINESVILLE, FL 32607	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: PETER SARANTOS PRES 01/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date