

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012683

FILED
Apr 22, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA PLASTIC SURGERY EMERGENCY TRAUMA ORGANIZATION, L.L.C.

Current Principal Place of Business:

521 W. S. R. 434
SUITE 106
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

521 W.S.R. 434
SUITE 106
LONGWOOD, FL 32750

New Mailing Address:

521 W. S. R. 434
SUITE 106
LONGWOOD, FL 32750

FEI Number: 59-3738466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANKAUSKAS, SAULIUS J
521 W.S.R. 434
SUITE 106
LONGWOOD, FL 32750 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: GUPTA, R B
Address: 3300 W. LAKE MARY BLVD SUITE 220
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: DEBAISE, ARTHUR
Address: 242 LOCH LOMOND DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM () Delete
Name: JOHNSTON, DEAN L
Address: 4106 LAKE MARY BLVD SUITE 212
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: SIEMIAN, WALTER
Address: 10000 W. COLONIAL DRIVE SUITE 384
City-St-Zip: OCOEE, FL 34761

Title: MGRM () Delete
Name: JANKAUSKAS, SAULIUS J
Address: 521 W.S.R. 434 SUITE 106
City-St-Zip: LONGWOOD, FL 32750

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 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: S. JANKAUSKAS

MGRM

04/22/2008

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