


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90152 018 \*\*\*\*\*50.00

<b>DOCUMENT # L01000013451</b> 1. Entity Name <b>FLORIDA SURGICAL MONITORING SERVICES, LLC</b>					
Principal Place of Business <b>10151 YORK RD., SUITE 120 COCKEYSVILLE, MD 21030</b>			Mailing Address <b>10151 YORK RD., SUITE 120 COCKEYSVILLE, MD 21030</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>52-2226942</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM OWEN, JEFFREY H 10151 YORK ROAD, SUITE 120 COCKEYSVILLE, MD 21030</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mGRM Surgical Monitoring Services, Inc. 10151 York Rd., Suite 120 Cockeysville, MD 21030</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<b>SIGNATURE:</b> <i>Andrew P. Masetti</i>			Date: <b>5/1/2007</b> Daytime Phone #: <b>410-666-2588</b>		