

FILED
Apr 18, 2002 8:00 am
Secretary of State

03-20-2002 90005 048 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #L01000018867
1. Entity Name I-SURG, LLC

25194

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4044 W. Lake Mary Blvd.
Suite, Apt. #, etc.
Unit 104 PMB 348
City & State
Lake Mary, Florida
Zip
32746
Country
U.S.A.

3. Mailing Address
4044 W. Lake Mary Blvd.
Suite, Apt. #, etc.
Unit 104 PMB 348
City & State
Lake Mary, Florida
Zip
32746
Country
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3753635
Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Jeffrey B. Robin, M.D.
Street Address (P.O. Box Number is Not Acceptable)
4044 W. Lake Mary Blvd.
Unit 104 PMB 348
City
Lake Mary FL Zip Code
32746

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.

SIGNATURE: *[Signature]* DATE: 2/25/02

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Mem	Jeffrey B. Robin, M.D.	4044 W. Lake Mary Blvd.	Unit 104 PMB 348 Lake Mary, Florida 32746				

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *[Signature]* DATE: 2/25/02 407-804-8787

Jeffrey B. Robin, M.D., Member

CR2E083B (12/01)