

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.	
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4. FEI Number 59-3753635		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: *Jeffrey B. Robin* 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	Mem Jeffrey B. Robin, M.D. 4044 W. Lake Mary Blvd. Unit 104 PMB 348 Lake Mary, Florida 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Jeffrey B. Robin* DATE: 2/25/02 407-804-8787

Jeffrey B. Robin, M.D., Member

CR2E083B (12/01)