2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State
03-23-2007 90168 017 ****50.00

DOCUMENT # L01000018922

1. Entity Name
ISS-ORLANDO, LLC

Principal Place of Business	Mailing Address
30 BURTON HILLS BLVD., SUITE 450 NASHVILLE, TN 37215	30 BURTON HILLS BLVD., SUITE 450 NASHVILLE, TN 37215

02272007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
15305 Dallas Pkwy		15305 Dallas Pkwy	
Suite, Apt. #, etc.: Suite 1600		Suite, Apt. #, etc.: Suite 1600	
City & State: Addison, TX		City & State: Addison, TX	
Zip: 75001	Country: USA	Zip: 75001	Country: USA

4. FEI Number: 59-3730699 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☒ Delete	TITLE	Member	☐ Change ☒ Addition
NAME	SAPP, JEFFERY		NAME	Surgis, Inc.	
STREET ADDRESS	30 BURTON HILLS BLVD., SUITE 450		STREET ADDRESS	15305 Dallas Pkwy #1600	
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP	Addison, TX 75001	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: Alex Jenkins By: Surgis, Inc. Alex Jenkins, Sec 03/12/07 972-713-3514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #