2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000021179

1. Entity Name
CENTER FOR SURGERY & DIGESTIVE DISORDERS, L.L.C.

Principal Place of Business
3641 SOUTH MIAMI AVE.
MIAMI, FL 33133

Mailing Address
3059 GRAND AVENUE, SUITE 300
C/O GLOBAL SURGICAL PARTNERS, INC.
MIAMI, FL 33133

01272005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0438152 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FISHMAN, LEWIS W
9130 SOUTH DADELAND BLVD., STE. 1121
MIAMI, FL 33156

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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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GREER, PEDRO J JR
STREET ADDRESS	3661 SOUTH MIAMI AVE., SUITE 805
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGR
NAME	VIERA, CRISTOBAL
STREET ADDRESS	3661 SOUTH MIAMI AVE., SUITE 202
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGR
NAME	ECHENIQUE, JORGE
STREET ADDRESS	2931 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	MGR
NAME	AMAYA, WILFREDO
STREET ADDRESS	3661 SOUTH MIAMI AVE., SUITE 501
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGR
NAME	SKLAR, VIRGIL F
STREET ADDRESS	3659 S. MIAMI AVENUE, SUITE 403
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGR
NAME	ANTON, MANUEL P
STREET ADDRESS	3663 SOUTH MIAMI AVE.
CITY-ST-ZIP	MIAMI, FL 33133

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04/26/05-80033-008 50.00

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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)(i), 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: _____ 4-19-05 305 631-6005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #