

**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.	
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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
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01272005No Chg-LLC	CR2E083 (10/03)
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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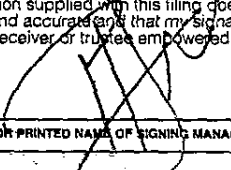
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE	Signature, typed 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR GREER, PEDRO J JR 3661 SOUTH MIAMI AVE., SUITE 805 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIERA, CRISTOBAL 3661 SOUTH MIAMI AVE., SUITE 202 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECHENIQUE, JORGE 2931 CORAL WAY MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMAYA, WILFREDO 3661 SOUTH MIAMI AVE., SUITE 501 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKLAR, VIRGIL F 3659 S. MIAMI AVENUE, SUITE 403 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTON, MANUEL P 3663 SOUTH MIAMI AVE. MIAMI, FL 33133

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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:		4-19-05 305631-6005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #