

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021179

FILED
Jan 17, 2008
Secretary of State

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

Current Principal Place of Business:

3641 SOUTH MIAMI AVE.
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 51-0438152 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GREER, PEDRO J JR
Address: 3661 SOUTH MIAMI AVE., SUITE 805
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: VIERA, CRISTOBAL
Address: 3661 SOUTH MIAMI AVE., SUITE 202
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: ECHENIQUE, JORGE
Address: 2931 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: MGR () Delete
Name: AMAYA, WILFREDO
Address: 3661 SOUTH MIAMI AVE., SUITE 501
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: SKLAR, VIRGIL F
Address: 3659 S. MIAMI AVENUE, SUITE 403
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: ANTON, MANUEL P
Address: 3663 SOUTH MIAMI AVE.
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: FLEITES, JUAN CARLOS M.D.
Address: 3661 SOUTH MIAMI AVE., SUITE 708
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SABATES, MARIO A.M.D.
Address: 1385 CORAL WAY, 3RD FLOOR
City-St-Zip: MIAMI, FL 33145

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PEDRO J. GREER, JR., M.D.

MGR

01/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date