2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
08 MAY 29 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021179

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

Principal Place of Business	Mailing Address
3641 SOUTH MIAMI AVE. MIAMI, FL 33133	3059 GRAND AVENUE, SUITE 300 C/O GLOBAL SURGICAL PARTNERS, INC. MIAMI, FL 33133

05292008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 3641 South Miami Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Miami, FL
Zip / Country	Zip / Country 33133 / USA

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	7. Name and Address of New Registered Agent
FISHMAN, LEWIS W 9130 SOUTH DADELAND BLVD., STE. 1121 MIAMI, FL 33156	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GREER, PEDRO J JR 3661 SOUTH MIAMI AVE., SUITE 805 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200130925052 06/05/08--01039--021 **80.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FLEITES, JUAN CARLOS M.D. 3661 SOUTH MIAMI AVE., SUITE 708 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ECHENIQUE, JORGE 2931 CORAL WAY MIAMI, FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SABATES, MARIO A M.D. 1385 CORAL WAY, 3RD FLOOR MIAMI, FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SKLAR, VIRGIL F 3659 S. MIAMI AVENUE, SUITE 403 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ANTON, MANUEL P 3663 SOUTH MIAMI AVE. MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

*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: _____ 5/29/08 305-856-1318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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Section 9, Additional Managing Members/Managers

MGR
Matuska, John
3663 South Miami Avenue
Miami, FL 33133

MGR
Mashburn, Jerry
3663 South Miami Avenue
Miami, FL 33133

MGR
Hazel, John
3663 South Miami Avenue
Miami, FL 33133

MGR
Distrito, Claudia
3663 South Miami Avenue
Miami, FL 33133