

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021179

FILED
Mar 16, 2009
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:

3641 SOUTH MIAMI AVE.
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: FLEITES, JUAN CARLOS M.D.
Address: 3661 SOUTH MIAMI AVE., SUITE 708
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: SABATES, MARIO A M.D.
Address: 1385 CORAL WAY, 3RD FLOOR
City-St-Zip: MIAMI, FL 33145

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

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

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

Title: () Change () Addition
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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

03/16/2009

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