


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L02000004363 1. Entity Name AESCLAPIAN SURGERY CENTER, LLC	
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Principal Place of Business 943 S. BENEVA ROAD SUITE 306 SARASOTA, FL 34232	Mailing Address 943 S. BENEVA ROAD SUITE 306 SARASOTA, FL 34232
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DO NOT WRITE IN THIS SPACE



03242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 92-0179499	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIMON, GEOFFREY G
943 S. BENEVA ROAD, STE. 306
SARASOTA, FL 34232**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTERCOASTAL MEDICAL GROUP, INC 943 S BENEVA RD STE 306 SARASOTA, FL 34232
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04/29/08-80027-023 138.75

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:  **DR JOHN M STEELE** 3-26-08 941-955-1108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #