## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000008076

Entity Name: PANAMA CITY SURGICAL PROPERTIES, LLC

**FILED** May 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1800 JENKS AVE. 1200 SOUTH PINE ISLAND ROAD PANAMA CITY, FL 32405 PLANTATION, FL 33324

**Current Mailing Address: New Mailing Address:** 

1800 JENKS AVE 1200 SOUTH PINE ISLAND ROAD PANAMA CITY, FL 32405 PLANTATION, FL 33324 US

FEI Number: 03-0434665 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

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:

Date

## Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change ( ) Addition () Delete SPENCER, ROGER MD SPENCER ROGER MD Name: Name: 206 BUNKERS COVE ROAD Address: 1800 JENKS AVE Address:

City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition ZWINGELBERG, KEITH M Name: ZWINGELBERG, KEITH M Name:

Address: 229 S COVE TERRACE DR. Address: 1800 JENKS AVE City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition SHORES, AARON MD SHORES, AARON MD Name: Name:

Address: 2250 HARRISON AVENUE Address: 1800 JENKS AVE City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: MORROW, GREGORY K MD Name: MORROW, GREGORY K MD Address: 600 ML KING JR BLVD. Address: 1800 JENKS AVE

City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

WILLIAMS, RAFAEL MD RAMOS, CARLOS MD Name: Name: 228 S COVE TERRACE DR. 1800 JENKS AVE Address: Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY, FL 32401

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: ROGER SPENCER, MD **MGRM** 05/01/2008