2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

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Entity Name: JERSEY SURGERY, P.L.

Current Principal Place of Business:

3467 W. HILLSBORO BLVD
SUITE B
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

3467 W . HILLSBORO BLVD
SUITE B
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 13-4220517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOEL KORNBERG, M.D., J.D., P.A.
7301-A WEST PALMETTO PARK ROAD, SUITE 305C
BOCA RATON, FL 33433 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:	LEHR, GARY S M.D.P.A	
Address:	3467 W HILLSBORO BLVD	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	MGR	( ) Delete
Name:	KIMMELMAN, RANDY S D.O.	
Address:	3467 W HILLSBORO BLVD SUITE B	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	MGR	( ) Delete
Name:	MALLIS, MICHAEL J JR DO	
Address:	3467 W HILLSBORO BLVD SUITE B	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	MGR	( ) Delete
Name:	STRICOFF, RONALD L MD	
Address:	3467 W HILLSBORO BLVD SUITE B	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	MGR	( ) Delete
Name:	SADER, CAMIL N MD	
Address:	3467 W HILLSBORO BLVD SUITE B	
City-St-Zip:	DEERFIELD BEACH, FL 33442	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: RANDY S KIMMELMAN MM 04/29/2009

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