

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001070

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: SURGICAL DEVELOPERS, LLC

**Current Principal Place of Business:**

550 SUNSET POINTE DRIVE  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

550 SUNSET POINTE DRIVE  
LAKE PLACID, FL 33852

**New Mailing Address:**

16726 VALSECA DE AVILA  
TAMPA, FL 33613

FEI Number: 22-3891284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWSOM, THOMAS H  
550 SUNSET PONT DRIVE  
LAKE PLACID, FL 33852 US

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

NEWSOM, THOMAS H  
16726 VALSECA DE AVILA  
TAMPA, FL 33613 US

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: HUNTER NEWSOM

01/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NEWSOM, THOMAS H  
Address: 550 SUNSET POINTE DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NEWSOM, THOMAS H  
Address: 16726 VALSECA DE AVILA  
City-St-Zip: TAMPA, FL 33613

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: HUNTER NEWSOM

MGR

01/14/2008

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