

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001070

FILED
Jan 15, 2009
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:

550 SUNSET POINTE DRIVE
LAKE PLACID, FL 33852 US

Current Mailing Address:

16726 VALSECA DE AVILA
TAMPA, FL 33613

New Mailing Address:

16726 VALSECA DE AVILA
TAMPA, FL 33613 US

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
16726 VALSECA DE AVILA
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

NEWSOM, THOMAS H MD
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: T. HUNTER NEWSOM

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

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

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: T. HUNTER NEWSOM

MGR

01/15/2009

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