2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# L03000002257

Entity Name: FLORIDA SURGICAL SPECIALTIES, LLC

Current Principal Place of Business:

217 ALTAMONTE COMMERCE BLVD
SUITE 1206
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

217 ALTAMONTE COMMERCE BLVD
SUITE 1206
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 04-3745594 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KERNEY, THOMAS
1420 E. CONCORD ST
ORLANDO, FL 32803 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/MEMBERS:

Title: MGRM ( ) Delete
Name: MILEKY, MICHAEL A
Address: 10060 BISHOP LAKE WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: ZASKI, GREGORY J
Address: 16331 REDINGTON DR
City-St-Zip: REDINGTON BEACH, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL A MILKEY PRES 01/07/2005

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