

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-06-2004 90001 043 ****50.00

DOCUMENT # L03000002771 1. Entity Name SEA SURGEONS, LLC							
Principal Place of Business 10000 W. COLONIAL DRIVE STE. 288 OCOE, FL 34761			Mailing Address 10000 W. COLONIAL DRIVE STE. 288 OCOE, FL 34761				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01212004 Chg-LLC CR2E083 (10/03) 4. FEI Number 75-3096449 <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
City & State		City & State					
Zip Country		Zip Country					
6. Name and Address of Current Registered Agent FLORIN, JORGE L MD 10000 W. COLONIAL DRIVE STE. 288 OCOE, FL 34761				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to: Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLORIN, JORGE L MD 10000 W. COLONIAL DRIVE STE. 288 OCOE, FL 34761	☐ Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRILLO, CARLOS MD 10000 W. COLONIAL DRIVE STE. 288 OCOE, FL 34761	☐ Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGEN, KARL MD 10000 W. COLONIAL DRIVE STE. 288 OCOE, FL 34761	☐ Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGEN, KARL MD 10000 W. COLONIAL DRIVE STE. 288 OCOE, FL 34761	☐ Delete					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGEN, KARL MD 10000 W. COLONIAL DRIVE STE. 288 OCOE, FL 34761	☐ Delete					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____		JOAQUIN FERRAN		4/25/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #			