

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002771

Entity Name: SEA SURGEONS, LLC

FILED  
Jul 10, 2007  
Secretary of State

**Current Principal Place of Business:**

10000 W. COLONIAL DRIVE STE. 288  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

10000 W. COLONIAL DRIVE STE. 288  
OCOE, FL 34761

**New Mailing Address:**

FEI Number: 75-3096449      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

FLORIN, JORGE L MD  
10000 W. COLONIAL DRIVE STE. 288  
OCOE, FL 34761      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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: FLORIN, JORGE L MD  
Address: 10000 W. COLONIAL DRIVE STE. 288  
City-St-Zip: OCOE, FL 34761

Title: MGR      (X) Delete  
Name: TRILLO, CARLOS MD  
Address: 10000 W. COLONIAL DRIVE STE. 288  
City-St-Zip: OCOE, FL 34761

Title: MGR      (X) Delete  
Name: HAGEN, KARL MD  
Address: 10000 W. COLONIAL DRIVE STE. 288  
City-St-Zip: OCOE, FL 34761

**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:

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: JORGE FLORIN

MGR

07/10/2007

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