

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000002773

1. Entity Name
REAL 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**

DO NOT WRITE IN THIS SPACE



01202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
75-3096446

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FLORIN, JORGE L MD
10000 W. COLONIAL DRIVE STE. 288
OCOE, FL 34761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TRILLO, CARLOS MD
10000 W. COLONIAL DRIVE STE. 288
OCOE, FL 34761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HAGEN, KARL MD
10000 W. COLONIAL DRIVE STE. 288
OCOE, FL 34761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000001207008
02/01/05-80028-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/27/05 (407) 521-3600