

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000002773

Entity Name: REAL SURGEONS, LLC

**FILED**  
**Apr 23, 2012**  
**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: 75-3096446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

Title: MGR  
Name: BOARDMAN, JASON A MD  
Address: 10000 W. COLONIAL DRIVE STE. 288  
City-St-Zip: OCOE, FL 34761

Title: MGR  
Name: JOHNSON, CHRIS MD  
Address: 10000 W COLONIAL DRIVE STE 288  
City-St-Zip: OCOE, FL 34761

I hereby 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 L. FLORIN, MD

MGR

04/23/2012

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