

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000005930

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** SOUTHERN SURGICAL SERVICES, LLC

**Current Principal Place of Business:**

1660 BROOKS LANE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

1660 BROOKS LANE  
OVIEDO, FL 32765

**New Mailing Address:**

1050 CHATHAM PINES CIRCLE  
106  
WINTER SPRINGS, FL 32708

**FEI Number:** 51-0447718

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURNER, ROBERT M JR  
1660 BROOKS LANE  
OVIEDO, FL 32765 US

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

TURNER, ROBERT M JR  
1050 CHATHAM PINES CIRCLE  
106  
WINTER SPRINGS, FL 32708 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:

04/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TURNER, ROBERT M JR.  
Address: 1050 CHATHAM PINES CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM  
Name: TURNER, MICHELLE  
Address: 1660 BROOKS LANE  
City-St-Zip: OVIEDO, FL 32765

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: ROBERT TURNER

MGRM

04/08/2011

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