


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # L03000006141 1. Entity Name BR SURGICAL, LLC	
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Principal Place of Business 3500 BEACHWOOD COURT UNIT 107 JACKSONVILLE, FL 32224	Mailing Address 3500 BEACHWOOD COURT UNIT 107 JACKSONVILLE, FL 32224
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DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC CR2E083 (12/07)

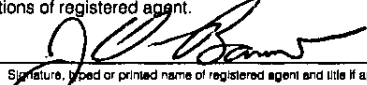
4. FEI Number 83-0347531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARROW, JOHN DOUGLAS
 3500 BEACHWOOD COURT
 UNIT 107
 JACKSONVILLE, FL 32224

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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:  BARROW, JOHN DOUGLAS 1-4-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REIS, TIMOTHY J 3500 BEACHWOOD COURT, UNIT 107 JACKSONVILLE, FL 32224
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 02/20/08-80066-024 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  REIS, TIMOTHY J. 1-4-08 904-642-1366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #