

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Aug 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000056703

1. Entity Name  
J&S SURGICAL SERVICES, LLC



Principal Place of Business  
21C WRIGHT PARKWAY  
FT. WALTON BEACH, FL 32548

Mailing Address  
21C WRIGHT PARKWAY  
FT. WALTON BEACH, FL 32548



08082005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
72-1352607

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLS, JOHN M  
21C WRIGHT PARKWAY  
FT. WALTON BEACH, FL 32548

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
MILLS, JOHN M  
21C WRIGHT PARKWAY  
FT. WALTON BEACH, FL 32548

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
ISELL, JAMES S  
2072 BELLA BREEZE CT.  
NAVARRE, FL 32566

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
RAYBURN, RUSSELL  
10436 HERMOSA DRIVE  
INDIANAPOLIS, IN 46236

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000376907  
08/22/05-80007-016 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

John M. Mills

August 8, 2005

850-586-4884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #