

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056703

FILED
Jun 14, 2006
Secretary of State

Entity Name: J&S SURGICAL SERVICES, LLC

Current Principal Place of Business:

21C WRIGHT PARKWAY
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

21C WRIGHT PARKWAY
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 72-1352607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLS, JOHN M
Address: 21C WRIGHT PARKWAY
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: ISBELL, JAMES S
Address: 2072 BELLA BREEZE CT.
City-St-Zip: NAVARRE, FL 32566

Title: MGRM () Delete
Name: RAYBURN, RUSSELL
Address: 10436 HERMOSA DRIVE
City-St-Zip: INDIANAPOLIS, IN 46236

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN MILLS

MGRM

06/14/2006

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