

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056703

FILED
Jan 18, 2007
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 ()

Name and Address of Current Registered Agent:

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

MGRM

01/18/2007

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