2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056703

Entity Name: J&S SURGICAL SERVICES, LLC

10436 HERMOSA DRIVE

INDIANAPOLIS, IN 46236

Address:

City-St-Zip:

FILED May 20, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 21C WRIGHT PARKWAY FT. WALTON BEACH, FL 32548 **Current Mailing Address: New Mailing Address:** 21C WRIGHT PARKWAY FT. WALTON BEACH, FL 32548 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MILLS, JOHN M Name: Name: Address: 21C WRIGHT PARKWAY Address: City-St-Zip: FT. WALTON BEACH, FL 32548 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ISBELL, JAMES S Name: Address: 2072 BELLA BREEZE CT. Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RAYBURN, RUSSELL Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JOHN M. MILLS MGRM 05/20/2008