

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005004

FILED
Apr 15, 2009
Secretary of State

Entity Name: OMNI SURGERY PARTNERS, LLC

Current Principal Place of Business:

116 INTRACOASTAL POINTE DRIVE
SUITE 300
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

116 INTRACOASTAL POINTE DRIVE
SUITE 300
JUPITER, FL 33477

New Mailing Address:

FEI Number: 45-0534705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAUL, JOE
116 INTRACOASTAL POINTE DRIVE
SUITE 300
JUPITER, FL 33477 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: PAUL, JOE
Address: 116 INTRACOASTAL POINTE DR, STE 300
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES:

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

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.

SIGNATURE: JOSEPH A. PAUL

MGRM

04/15/2009

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