

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008048

FILED
Mar 27, 2006
Secretary of State

Entity Name: DADELAND SURGICAL ASSOCIATES, LLC

Current Principal Place of Business:

DADELAND MEDICAL BUILDING
7400 NORTH KENDALL DRIVE, #403
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

DADELAND MEDICAL BUILDING
7400 NORTH KENDALL DRIVE, #403
MIAMI, FL 33156

New Mailing Address:

FEI Number: 56-2434269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELAEZ-ECHEVARRIA, LOURDES
DADELAND MEDICAL BUILDING
7400 NORTH KENDALL DRIVE, #403
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

RODRIGUEZ, MAGALY A
DADELAND MEDICAL BUILDING
7400 NORTH KENDALL DRIVE, #403
MIAMI, FL 33156 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: MAGALY A. RODRIGUEZ

03/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RODRIGUEZ, MAGALY A
Address: 7400 N. KENDALL DRIVE, #403
City-St-Zip: MIAMI, FL 33156

Title: MGRM (X) Delete
Name: PELAEZ-ECHEVARRIA, LOURDES
Address: 7400 N. KENDALL DRIVE, #403
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

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: MAGALY A. RODRIGUEZ

MGR

03/27/2006

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