## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000021570

FILED Aug 08, 2006 Secretary of State

Entity Name: LAKEWOOD RANCH MINIMALLY INVASIVE SURGERY, PLLC

**New Principal Place of Business: Current Principal Place of Business:** 8340 LAKEWOOD RANCH BOULEVARD SUITE 101 BRADENTON, FL 34202 **Current Mailing Address: New Mailing Address:** 8340 LAKEWOOD RANCH BOULEVARD SUITE 101 BRADENTON, FL 34202 FEI Number: 20-0801939 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: NAPOLIELLO, DAVID A 8340 LAKEWOOD RANCH BOULEVARD SUITE 101 BRADENTON, FL 34202 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: () Delete Title: () Change () Addition NAPOLIELLO, DAVID A Name: Name: Address: 8340 LAKEWOOD RANCH BOULEVARD, SUITE 101 Address: City-St-Zip: BRADENTON, FL 34202 US City-St-Zip: Title: MGR. () Delete Title: () Change () Addition Name: NAPOLIELLO, DIANA R Name: 8340 LAKEWOOD RANCH BOULEVARD, SUITE 101 Address: Address: City-St-Zip: BRADENTON, FL 34202 US 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: DIANA R. NAPOLIELLO MGR. 08/08/2006