

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028461

FILED
Jul 06, 2007
Secretary of State

Entity Name: HECHTMAN SURGICAL, LLC

Current Principal Place of Business:

505 OAKFIELD DRIVE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

505 OAKFIELD DRIVE
BRANDON, FL 33511

New Mailing Address:

FEI Number: 20-1018617 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:

LEVINE, S W
505 OAKFIELD DRIVE
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

LEVINE, SUSAN W
505 OAKFIELD DRIVE
BRANDON, FL 33511 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: SUSAN W. LEVINE

07/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HECHTMAN, JASON M
Address: 505 OAKFIELD DRIVE
City-St-Zip: BRANDON, FL 33511

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: HECHTMAN, JILL L
Address: 505 OAKFIELD DRIVE
City-St-Zip: BRANDON, FL 33511

Title: MGRM () Change (X) Addition
Name: LEVINE, JONAH M
Address: 505 OAKFIELD DRIVE
City-St-Zip: BRANDON, FL 33511

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: JASON M. HECHTMAN, M.D.

MGRM

07/06/2007

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