

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000041127

FILED
Oct 23, 2006
Secretary of State

Entity Name: ADVANCED SURGICAL TECHNIQUES, L.L.C.

Current Principal Place of Business:

1258 WEST BAY DRIVE STE. F
LARGO, FL 33770

New Principal Place of Business:

1258 WEST BAY DRIVE
SUITE F
LARGO, FL 33770

Current Mailing Address:

1258 WEST BAY DRIVE STE. F
LARGO, FL 33770

New Mailing Address:

1258 WEST BAY DRIVE
SUITE F
LARGO, FL 33770

FEI Number: 04-3793143 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

GASSMAN, ALAN S
1245 COURT STREET STE. 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

HAICKEN, BARRY N
1258 WEST BAY DRIVE
SUITE F
LARGO, FL 33770 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: BARRY N. HAICKEN, MD

10/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAICKEN, BARRY N M.D.
Address: 1258 WEST BAY DRIVE
City-St-Zip: LARGO, FL 33770

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 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: BARRY N. HAICKEN, MD

MGRM

10/23/2006

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