

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043542

FILED
Jan 17, 2007
Secretary of State

Entity Name: SOUTH BROWARD SURGICAL GROUP, LLC

Current Principal Place of Business:

601 N. FLAMINGO RD.
SUITE 211
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

603 N. FLAMINGO RD.
PO BOX 260939
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 20-1224718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LICKO, CAROL
HOGAN AND HARTSON, LLP, 1111 BRICKEL AVE.
SUITE 1900
MIAMI, FL 33131 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: SEREDA, DEXTER
Address: 3160 SW 117TH AVE
City-St-Zip: DAVIE, FL 33330 US

Title: MGRM () Delete
Name: PIDHORECKY, IHOR
Address: 411 N NEW RIVER DRIVE EAST #3004
City-St-Zip: FT. LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SEREDA, DEXTER
Address: 4989 SW 122ND TERR
City-St-Zip: COOPER CITY, FL 33330 US

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: DEXTER SEREDA

MGRM

01/17/2007

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