

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072501

FILED
Jan 07, 2008
Secretary of State

Entity Name: SOUTH FLORIDA SURGICAL SPECIALISTS, LLC

Current Principal Place of Business:

3100 CORAL HILLS DRIVE
SUITE 207
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3100 CORAL HILLS DRIVE
SUITE 207
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-1759480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOFSEN, HOWARD J CPA
9728 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065 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: MGR () Delete
Name: SHACHNER, MARK
Address: 3100 CORAL HILLS DRIVE, SUITE 207
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: KIMMELMAN, RANDY
Address: 450 WEST HILLSBORO RD
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: S () Delete
Name: KATZ, ARMAND
Address: 5700 N. FEDERAL HIGHWAY, SUITE 1
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: T () Delete
Name: PORUDOMINSKY, DAVID
Address: 2825 NORTH STATE RD.
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES:

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

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

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 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: MARK SHACHNER

MGR

01/07/2008

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