# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 25, 2007**
**Secretary of State**

DOCUMENT# L04000089599

**Entity Name:** TAKE SHAPE SURGERY CENTER, LLC

**Current Principal Place of Business:**

4161 NW 5TH STREET
SUITE 100
PLANTATION, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

4161 NW 5TH STREET
SUITE 100
PLANTATION, FL 33317 US

**New Mailing Address:**

**FEI Number: 34-2026859** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SASSANI, RUSSELL F MD
4161 NW 5TH STREET
SUITE 100
PLANTATION, FL 33317 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: SASSANI, RUSSELL F MD
Address: 4161 NW 5TH STREET, SUITE 100
City-St-Zip: PLANTATION, FL 33317 US

Title: MGR ( ) Delete
Name: SCHNEIDER, MICHAEL J
Address: 4161 NW 5TH STREET, SUITE 100
City-St-Zip: PLANTATION, FL 33317 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: SASSANI, RUSSELL F MD
Address: 4161 NW 5TH STREET, SUITE 100
City-St-Zip: PLANTATION, FL 33317 US

Title: MGRM (X) Change ( ) Addition
Name: SCHNEIDER, MICHAEL J
Address: 4161 NW 5TH STREET, SUITE 100
City-St-Zip: PLANTATION, FL 33317 US

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: RUSSELL F. SASSANI, M.D. MGRM 04/25/2007

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