

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # L05000013041	
1. Entity Name CENTER FOR BREAST CARE & OUTPATIENT SURGERY, P.L.	
Principal Place of Business 5327 COMMERCIAL WAY PARK PLACE, SUITE D119 SPRING HILL, FL 34606 US	Mailing Address 5327 COMMERCIAL WAY PARK PLACE, SUITE D119 SPRING HILL, FL 34606 US



01152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2305586	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRENCE, ALFRED W JR.
6645 RIDGE ROAD
PORT RICHEY, FL 34668

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title, if applicable

PRES. RONALD M. YARRINGTON

3/15/08
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YARRINGTON, RONALD M 5327 COMMERCIAL WAY SPRING HILL, FL 34607
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

PRES. RONALD M. YARRINGTON

3/15/08 0154
Date Daytime Phone #