

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018782

FILED  
Apr 09, 2007  
Secretary of State

**Entity Name:** THE SURGICAL GROUP OF ORLANDO, L.L.C.

**Current Principal Place of Business:**

14 WEST GORE STREET  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

14 WEST GORE STREET  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 59-2788375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEATERFORD, WILLIAM P JR  
1150 LOUISIANA AVE, STE 4  
WINTER PARK, FL 32789 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: KAHKY, MICHAEL P M.D.  
Address: 14 WEST GORE STREET  
City-St-Zip: ORLANDO, FL 32806

Title: MGR ( ) Delete  
Name: DEMERS, MARC L M.D.  
Address: 14 WEST GORE STREET  
City-St-Zip: ORLANDO, FL 32806

Title: MGR ( ) Delete  
Name: CHAMBERS, DANIELLE K M.D.  
Address: 14 WEST GORE STREET  
City-St-Zip: ORLANDO, FL 32806

Title: MGR ( ) Delete  
Name: SMITH, JEFFREY R M.D.  
Address: 14 WEST GORE STREET  
City-St-Zip: ORLANDO, FL 32806

Title: MGR ( ) Delete  
Name: PADRON, ALBERTO F MD  
Address: 14 WEST GORE STREET  
City-St-Zip: ORLANDO, FL 32806

**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:

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: MICHAEL P. KAHKY, MD

MGR

04/09/2007

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