

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018782

FILED
Apr 21, 2008
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 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

04/21/2008

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