2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L05000018782

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, DANELLE 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 04/29/2009

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