## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024693

Entity Name: PRECISION SURGERY BY K.M. MACKENZIE, M.D., LLC

FILED Jul 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

147 PECKHAM AVENUE SE 3390 TAMIAMI TRAIL #205 PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

147 PECKHAM AVENUE SE 3390 TAMIAMI TRAIL #205 PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952

FEI Number: 20-2485777 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MACKENZIE, KAREN M

147 PECKHAM AVENUE SE
PORT CHARLOTTE, FL 33952 US

MACKENZIE, KAREN M
21036 RANDALL AVENUE
PORT CHARLOTTE, FL 33952 US

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: KAREN M. MACKENZIE 07/13/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 MACKENZIE, KAREN M
 Name:
 MACKENZIE, KAREN M

 Address:
 147 PECKHAM AVENUE SE
 Address:
 21036 RANDALL AVENUE

 City-St-Zip:
 PORT CHARLOTTE, FL 33952
 City-St-Zip:
 PORT CHARLOTTE, FL 33952

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: KAREN M. MACKENZIE MGR 07/13/2006