

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029482

Entity Name: SURGICAL SPECIALISTS, LLC

FILED
Mar 22, 2006
Secretary of State

Current Principal Place of Business:

5147 N. NINTH AVENUE STE 322
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5147 N. NINTH AVENUE STE 322
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 20-2554883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEUCHTMAN, GARY B
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 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: MGRM () Delete
Name: CAYLOR, MARK T
Address: 5147 N. NINTH AVENUE STE 322
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: LURATE, R. BARRY MD
Address: 5147 N. NINTH AVENUE STE 322
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

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: R. BARRY LURATE, MD

MGRM

03/22/2006

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