

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029482

Entity Name: SURGICAL SPECIALISTS, LLC

FILED  
Jan 25, 2009  
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: MGRM (X) Change ( ) Addition  
Name: CAYLOR, MARK T MD  
Address: 12441 ATHERTON RD  
City-St-Zip: ANCHORAGE, AK 99516

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

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: ROBERT LURATE

MGRM

01/25/2009

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