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Secretary of State

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000044436

1. Entity Name
CENTER OF SURGICAL EXCELLENCE VENICE FLORIDA, LLC

Principal Place of Business	Mailing Address
216 BAYSHORE CIRCLE VENICE, FL 34285	216 BAYSHORE CIRCLE VENICE, FL 34285

01312007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8421 Pointe Loop Dr.	8421 Pointe Loop DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice, FL	City & State: Venice, FL
Zip: 34293 Country: Sarasota	Zip: 34293 Country: Sarasota

4. FEI Number APPLIED FOR 20-2809874 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KHAN, TARIQ J
216 BAYSHORE CIRCLE
VENICE, FL 34285

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHAN, JAFFER J 704 PETREL WAY VENICE, FL 34292	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8421 Pointe Loop Dr. Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHAN, TARIQ J 216 BAYSHORE CIRCLE VENICE, FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8421 Pointe Loop Dr. Venice, FL 34293
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] Jaffer J. Khan President 2/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #