


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000062893</b> 1. Entity Name SURGI-CENTER, LLC	
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Principal Place of Business 370 MERCURY ROAD, #2 JUNO BEACH, FL 33408	Mailing Address 370 MERCURY ROAD, #2 JUNO BEACH, FL 33408
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**DO NOT WRITE IN THIS SPACE**



08022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1008459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

KLEIN, STUART B  
2801 PGA BOULEVARD, SUITE 110  
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAFITIS, HAROLD 370 MERCURY RD #2 JUNO BEACH, FL 33408
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08/30/07-80002-006 55.00

**DO NOT WRITE  
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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:**

*H. Bafitis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/30/07