

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067783

FILED
Jan 11, 2007
Secretary of State

Entity Name: ABSOLUTE SURGICAL SPECIALISTS, PLLC

Current Principal Place of Business:

1901 HAVERFORD AVE. SUITE 105
SUN CITY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

1901 HAVERFORD AVE. SUITE 105
SUN CITY CENTER, FL 33573

New Mailing Address:

FEI Number: 20-3122835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMSHEL, CRAIG
1901 HAVEN FORD PLAZA, SUITE 105
SUN CITY CENTER, FL 33573 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: MGR () Delete
Name: AMSHEL, CRAIG
Address: 1901 HAVERFORD AVE. SUITE 105
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AMSHEL, CRAIG
Address: 1901 HAVERFORD AVE. SUITE 105
City-St-Zip: SUN CITY CENTER, FL 33573

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: CRAIG AMSHEL

MGRM

01/11/2007

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