

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100842

FILED
May 10, 2007
Secretary of State

Entity Name: SURGICAL PHYSICIAN ASSISTANTS, L.L.C.

Current Principal Place of Business:

400 MESSHA TRAIL
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 362
COCOA, FL 32923 US

New Mailing Address:

FEI Number: 20-3614533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JANKE, BRIAN M
400 MESSHA TRAIL
MERRITT ISLAND, FL 32953 US

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: JANKE, BRIAN M
Address: 400 MESSHA TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: MGRM () Delete
Name: JANKE, PAUL R
Address: 3824 WOODFIELD DRIVE
City-St-Zip: COCONUT CREEK, FL 33073

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 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: BRIAN JANKE

MGR

05/10/2007

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