

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100842

FILED
Jan 17, 2008
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 ()

Name and Address of Current Registered Agent:

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

01/17/2008

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