

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100842

FILED  
Jan 15, 2009  
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:**

205 PLATT AVE  
MERRITT ISLAND, FL 32952 US

**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:**

JANKE, BRIAN M  
205 PLATT AVE  
MERRITT ISLAND, FL 32952 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: \_\_\_\_\_

01/15/2009

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: MGR (X) Change ( ) Addition  
Name: JANKE, BRIAN M  
Address: 205 PLATT AVE  
City-St-Zip: MERRITT ISLAND, FL 32952 US

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

01/15/2009

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